

PO5000098897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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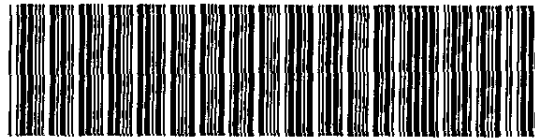
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 JUL 13 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: R & C DRYWALL FINISHING SERVICES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Ciara Morales  
Name (Printed or typed)

2545 Jackson Square Circle  
Address

Kissimmee, FL 34741  
City, State & Zip

(321) 250-0128  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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### ARTICLE I NAME

The name of the corporation shall be:

R & C Drywall Finishing Services Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2545 Jackson Square Circle  
Kissimmee, FL 34741

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Drywall Services

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ciara Morales	Ramiro Rios	Ciara Morales	Ramiro Rios
2545 Jackson Square Cir	2545 Jackson Square Cir	2545 Jackson Square Cir	2545 Jackson Square Cir
Kissimmee, FL 34741	Kissimmee, FL 34741	Kissimmee, FL 34741	Kissimmee, FL 34741
President	Vice-President	Secretary	treasurer

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maria Martinez  
3501 W. Vine Street Suite 389  
Kissimmee, FL 34741

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ciara Morales  
2545 Jackson Square Cir  
Kissimmee, FL 34741

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date