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(Requestor's Name)
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SECRETARY OF STATE

MB/24

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	-		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM: R	alph Keith	e (Printed or typed)		
	P.O.Box 880301	Address		
	Port Saint Lucie,Florid	a 34950 , State & Zip		
	772-224-9543	Telenhone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

R & S XPRESS INC

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O.BOX 880301 Port Saint Lucie ,Florida 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ralph Keith / OWNER 2003 AVE. N FORT PIERCE ,FLORIDA 34950

ARTICLE VI REGISTERED AGENT

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

Ralph Keith 2003 AVE. N FORT PIERCE ,FLORIDA 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ralph Keith 2003 AVE. N FORT PIERCE ,FLORIDA 34950

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

Dota

2-21-06

Date