

PO7000024698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

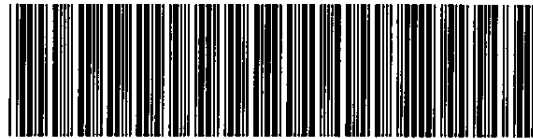
(Business Entity Name)

(Document Number)

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

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2007 FEB 23 A 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-26-07  
207

## COVER LETTER

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

SUBJECT: RSB PARTNERS, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: BYRON RAMBO

Name (Printed or typed)

210 S PARK AVE STE 102

Address

SANFORD, FL 32771

City, State & Zip

407-328-4439

Daytime Telephone 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:

RSB PARTNERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

210 SOUTH PARK AVE STE 102  
SANFORD, FL 32771

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENT RESEARCH AND COMMUNICATION

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BYRON RAMBO, PRESIDENT & DIRECTOR  
210 SOUTH PARK AVE STE 102  
SANFORD FL 32771

## ARTICLE VI REGISTERED AGENT

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

BYRON RAMBO  
210 SOUTH PARK AVE STE 102  
SANFORD, FL 32771

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BYRON RAMBO  
210 SOUTH PARK AVE STE 102  
SANFORD, FL 32771

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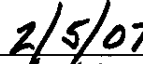
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date