

PD7000117328

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/26

COVER LETTER

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

SUBJECT: RHS Mechanical, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John M Scifo
Name (Printed or typed)

1489 Palm Coast Parkway NW suite # 5
Address

Palm Coast, FL 32137
City, State & Zip

386-446-0317
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:

RHS Mechanical, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1187 State Ave
Holly Hill, FL 32117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Air Condition Service

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):

Paul Aiello
70 Beauford Lane
Palm Coast, FL 32137

ARTICLE VI REGISTERED AGENT

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

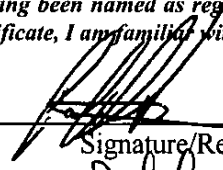
Paul Aiello
70 Beauford Lane
Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

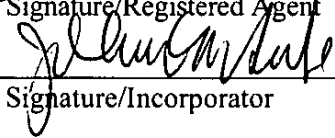
The name and address of the Incorporator is:

John M. Scifo
1489 Palm Coast Parkway NW suite # 5
Palm Coast, FL 32137

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

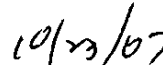


Signature/Incorporator

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date

Date



Date

Date