

PO8888829463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

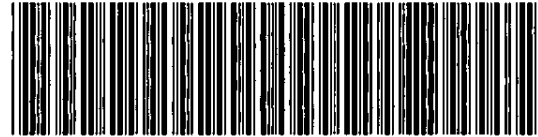
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
3/20

COVER LETTER

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

SUBJECT: Rescue System Resources, 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: Paul A. Arcuri

Name (Printed or typed)

5010 King Arthur Ave.

Address

Davie, FL 33331-3333

City, State & Zip

954-444-3965

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:

Rescue System Resources, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5010 King Arthur Ave.
Davie, FL 33331-3333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide service/repairs, demonstrations and training for extrication tool systems.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul A. Arcuri, President
5010 King Arthur Ave.
Davie, FL 33331-3333

Todd C. Nelson, Vice-President
711 NW 204 Ave.
Pembroke Pines, FL 33029

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Paul A. Arcuri
5010 King Arthur Ave.
Davie, FL 33331-3333

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

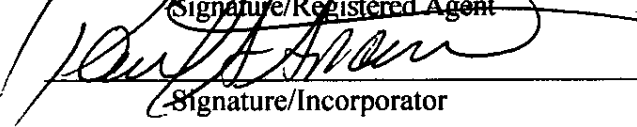
Paul A. Arcuri
5010 King Arthur Ave.
Davie, FL 33331

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3/9/08

Date

3/9/08

Date