# H88888159592

| (Re                                     | equestor's Name) |           |  |  |
|---|------------------|-----------|--|--|
| (Address)                               |                  |           |  |  |
| (Address)                               |                  |           |  |  |
| (City/State/Zip/Phone #)                |                  |           |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL      |  |  |
| (Business Entity Name)                  |                  |           |  |  |
| (Document Number)                       |                  |           |  |  |
| Certified Copies                        | _ Certificates   | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |

Office Use Only



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05/16/08--01017--004 \*\*70.00

FILLED WIN P = 03



### **COVER LETTER**

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

| SUBJECT:                                 | RCS INC.                                   |  |  |  |
|--|--|--|--|--|
| j  | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCLU</u>                          | <u>IDE SUFFIX</u> )  |  |
| Enclosed are an orig                     | ginal and one (1) copy of the arti         | cles of incorporation and                            | a check for:   |  |
| \$70.00<br>Filing Fee                    | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |  |
| FROM:                                    | JAMES BOWER                                | S (Printed or typed)                                 |  |  |
| 3681 NW Mediterranean CN. Address        |  |  |  |  |
| Jensen Bch F1 34957<br>City, State & Zip |  |  |  |  |
| S61 - 441 - 4187                         |  |  |  |  |

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



## RECEIVED

### FLORIDA DEPARTMENT OF STATE Division of Corporations

SHEETING THE BANK BANK BELLEVILLE

May 16, 2008

JAMES BOWÉRS 3681 NW MEDITERRANEAN LN. JENSEN BCH, FL 34957

SUBJECT: RCS INC.

Ref. Number: W08000024595

We have received your document for RCS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places.—One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 608A00031338

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  |                    |
|---|--------------------|
| The name of the corporation shall be:   |                    |
| 18" RES INC. RES CONTRACT   | TORS INC.          |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  |                    |
| 3681 NW Mediterrancan LN- Jense   | en Bchiff 349      |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   |                    |
| PRESSURE CLEANING   |                    |
| ARTICLE IV SHARES The number of shares of stock is:   | JUN AHAS           |
| 20  | SSEE IN            |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  | P I: 0             |
| JAMES BOWERS (PRESIDENT)  |                    |
| 3681 NW Mediterranean W. Jensens  | 3ch, F1 34957      |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the reg   | gistered agent is: |
| MARY BOWERS 14749 COUNTRY LN. DelRAYBCh, F/ 3   | 3308U              |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is:   |                    |
| JAMES BOWERS 3681 NW Mediterranean LN. Jensen   | Bch, F1 34957      |
| ****************  | ********           |
| Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to |                    |
| Signature/Registered Agent  |                    |
| Jan TBowell Signature/Incorporator  |                    |
|   |                    |