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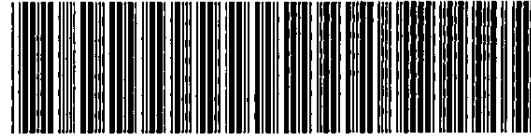
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2010

COVER LETTER

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

SUBJECT: _____

River City Solutions, 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: _____

Erika N. Moore

Name (Printed or typed)

4646 Homestead Road

Address

Jacksonville, FL 32210

City, State & Zip

904. 553. 8244

Daytime Telephone number

erikanmoore@aol.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION
OF
RIVER CITY SOLUTIONS, INC.**

ARTICLE I.

The name of the corporation shall be:

RIVER CITY SOLUTIONS, INC.

ARTICLE II.

The principal street address is 4646 Homestead Road,
Jacksonville, FL 32210.

ARTICLE III.

The purpose for which the corporation is organized is to
facilitate the legal operation of our floor care business.

ARTICLE IV.

The number of shares of stock is: 100 shares, divided
equally among the directors.

ARTICLE V.

Name/Title: Stephen Adam Moore – President
Address: 4646 Homestead Road, Jacksonville, FL 32210

Name/Title: Erika N. Moore - Vice President
Address: 4646 Homestead Road, Jacksonville, FL 32210

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ARTICLE VI.

Registered Agent: Erika N. Moore
Address: 4646 Homestead Road
Jacksonville, FL 32210

ARTICLE VII.

Incorporator: Gail B. Moore
1270 Pheasant Run Trail
Middleburg, FL 32068

ARTICLE VIII.

The effective date of incorporation is November 15, 2010.

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.

Erika N. Moore

Registered Agent

11/15/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gail B. Moore

Incorporator

11-15-10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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