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COVER LETTER

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

SUBJECT: R+D Alumin	JM Selvices Inc. TENAME-MUST INCLUDE SUFFIX)		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Vernon Ray Stansell Name (Printed or typed)			
208 East Polic Street			
Hubern dak, Flocida 33823 City, State & Zip			
863- 514 Daytime To	- 3 B 3 5		
C O POO da (C E-mail address: (to be used	for future annual report notification)		

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)

The name of the corporation shall be: R + D A buminum S	ervices Ihc,
Principal office Principal street address DOS 5. PUN S7. 200 Aubundale, 1=1000da 33 823	Mailing address, if different is: L=q. S1 PUIK S1147 L= dg/e / 1-lox dg 333823
The purpose for which the corporation is organized is: Professional Curpulation Constituction - Buil	n Ider
ARTICLE IV SHARES The number of shares of stock is: 100	
Name and Title: Very On R Stary Name and Title Address: 33823 Address: Of Chilly Stary Name and Title	Daniel R Haldy Yes Dic Siden 1 Yes Gar Rill ST. AS
Name and Title: Address: Address:	
Name and Title: Address: Address: Name and Title Address:	The second secon
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agents Name: Address: Ad	FEB 18 PM
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: \[\langle \l	1 2: 59
Having been named as registered agent to accept service of process for the above stathis certificate, I am familiar with and accept the appointment as registered agent and accept the accept	
Required Signature/Registered Agent	2-/3-// Date
I submit this document and affirm that the facts stated herein are true. I am aware document to the Department of State constitutes a third degree felony as provided for it	that the false information submitted in a s.817.155, F.S.
Clerron Required Signature/Incorporator	2-/3-// Date