Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : I20080000023

Phone : (651)225-9500

Fax Number : (651)225-9579

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

Email	Address	:				

FLORIDA PROFIT/NON PROFIT CORPORATION RSII Holding, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

	In compliance with Chapter 607 an	id/or Chapter 621, F.S. (Profit)	
ARTICLE I	NAME:		
	constion shall be: RSII Holding, Inc		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
2	30 N. Elm Street, Ste. 1500		
_ _ C	reenshoro, NC 27401 .		
_			
ARTICLE III P	URPOSE ich the corporation is organized is:		
v=- p -up-o o	me and balleting as all Constitution 10:		
Any lawful po	urpose permitted under the la	aws of the State of Florida	
ARTICLE IV S	HARES		
The number of shares	ofstockis: 100,000 shares of co	ommon stock	
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	o.a .	
Name and Title	à:	Name and Title:	
Address:		Address:	
	-		
Name and Title	e:	Name and Title:	_
Address:		Address:	
Name and Title	e:	Name and Title:	
Address:		Address:	
			22
ARTICLE VI _ R	<u>EGISTERE</u> D <u>AGENT</u>		
The name and Florie	do street address (P.O. Box NOT acceptable) of	of the registered agent is:	The same of the sa
	NRAI Services, Inc.		30
Address:	515 East Park Avenue		
	Tallahassee, FI. 32301		景门
ARTICLE VII I	NCORPORATOR		M Mina
The name and addre	ess of the Incorporator is:	terna vije d	CI CI
	Mark T. Cain	ख्या । जन्म	$\tilde{\lambda}$
Address:	230 N. Elm Street, Ste. 150	<u>n</u> o	
	Greenshorn, NC 27401	_	
Having been named	as registered agent to accept service of process	rs for the above stated corporation at the place design	nated in
this certificate, I am j	familiar with and accept the appointment as reg	ristered agent and agree to act in this capacity	
	De NEAT Sonicos	in Inc.	
	aem	G/20/2	<u> </u>
	Required Signature/Registered Agent	lacker borne fist. Sec. Date	
I submit this dooum		true. I am aware that tha false information submit	
documentito the Dep	artingift of State constitutes a third degree felost	ty as provided for in s.\$17.155, F.S.	•
I/I	// / /	1/2/1	
	lould and	<u>6/39/1</u>	1_
V	Required Signature/Incorporator	Date	