

P11000107096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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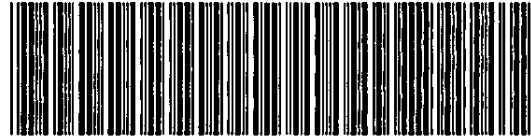
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 19 PM 1:11

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COVER LETTER

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

SUBJECT: Royal Treatment Services, 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: Robert Renna Jr.

Name (Printed or typed)

970 Lighthouse Drive

Address

Palm City, FL 34990

City, State & Zip

772-260-2006

Daytime Telephone number

YourRoyalTreatment@gmail.com

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)

ARTICLE I NAME Royal Treatment Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
970 Lighthouse Drive
Palm City, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Residential and Commercial Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert P. Renna, Jr. President</u>	Name and Title: _____
Address: <u>970 Lighthouse Drive</u>	Address: _____
<u>Palm City, FL 34990</u>	_____

Name and Title: <u>Patricia A. Renna</u>	Name and Title: _____
Address: <u>970 Lighthouse Drive</u>	Address: _____
<u>Palm City, FL 34990</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

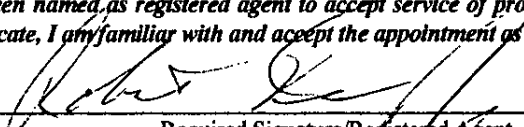
Name: Robert Renna, Jr.
Address: 970 Lighthouse Drive
Palm City, FL 34990

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Robert Renna Jr.
Address: 970 Lighthouse Drive
Palm City, FL 34990

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

 _____ Required Signature/Registered Agent	<u>11/21/2011</u> _____ Date
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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.

 _____ Required Signature/Incorporator	<u>11/21/2011</u> _____ Date
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DIVISION OF
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