

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
|   |                   |             |
| (Ade                                    | dress)            |             |
|   |                   |             |
| (Add                                    | dress)            | <u> </u>    |
| (7.13)                                  | u. 0.55)          |             |
|   | (6) 1 (7) (5)     |             |
| (Cit                                    | y/State/Zip/Phone | · #)        |
| PICK-UP                                 | WAIT              | MAIL        |
|   |                   |             |
| (Bu                                     | siness Entity Nam | ne)         |
| (==                                     |                   | ·- <b>,</b> |
|   |                   |             |
| (Do                                     | cument Number)    |             |
|   |                   |             |
| Certified Copies                        | _ Certificates    | of Status   |
|   |                   |             |
| Special Instructions to                 | Eiling Officer    |             |
| Special Instructions to Filing Officer: |                   |             |
|   |                   | •           |
|   |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |

Office Use Only

3544 W12000001027



100215742061

01/05/12--01018--009 \*\*87.50

72 JAN 17 PH 4: 40
SECRELARY OF STATE
TALLAHASSEE, FLORIDA

tr 1/9/12

## **COVER LETTER**

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

| SUBJECT: NOI 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 <b>\$78.75 \$78.75</b>   |
| Filing Fee Filing Fee,   |
| & Certificate of Status & Certified Copy Certified Copy  |
| & Certificate of   |
| Status   |
| ADDITIONAL COPY REQUIRED   |
| ADDITIONAL COLL MAYORADA   |
|  |
|  |
|  |
| Fred M/ Denter   |
| FROM: Fred W Penton  |
| Name (Printed or typed)  |
|  |
| 720 NE 25th Avenue Unit 18   |
| Address  |
|  |
|  |
| Cape Coral, Florida 33902  City, State & Zip   |
| City, State & Zip  |
| ガー・ アー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・   |
| 239-995-7663   |
| City, State & Zip  239-995-7663  Daytime Telephone number  Daytime Telephone number  |
| Dayana reichnote nance.  |
|  |
| E moll address (to be used to believe assessed as a finished as (to be used to be used t |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED 12 JAN 17 PM 4: 40

SECRETARY OF STATE FALLAHASSEE, FLORIDA

January 6, 2012

FRED W PENTON 720 NE 25T AVENUE UNIT 18 CAPE CORAL, FL 33902

SUBJECT: RSI, INC.

Ref. Number: W12000001027

We have received your document for RSI, INC. and your check(s) totaling \$87.50. 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 912A00000407

RECEIVED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I The name of the | corporation shall be:   | 0, INC FILED  |
|---------------------------|---|---|
| ARTICLE II                | PRINCIPAL OFFICE  | 12 JAN 17 PM 4  |
|                           | Principal street address  | Mailing address, if different is:   |
|                           | 720 NE 25th Avenue  | - SECRETARY OF ST   |
|                           | Cape Coral, Florida 33902   | SECRL FARY OF ST, FALLAHASSEE, FLO  |
| ARTICLE III               | PITEPOSE  | A TALL TO A STATE OF THE STATE |
| The purpose for           | which the corporation is organized is:  | مناه المراجعة  |
| For Roof Co               | onsulting   |   |
| ARTICLE IV                | SHARES<br>hares of stock is:1,000   |   |
| ARTICLE V                 | INITIAL OFFICERS AND/OR DIRECTOR  |   |
|                           | Title: Fred W. Penton Pres  | Name and Title:   |
| Address:                  | 720 NE 25th Avenue Unit 19  |   |
|                           | Cape Coral, Florida 33902   |   |
| Name and                  | Title:  | Name and Title:   |
| Address:                  |   | Address:  |
|                           |   | <del></del>   |
|                           | ···   |   |
|                           | Title:  | Name and Title:   |
| Address:                  |   | Address:  |
|                           |   |   |
| ARTICLE VI                | REGISTERED AGENT  |   |
| The name and I            | Florida street address (P.O. Box NOT acceptable)  | of the registered agent is:   |
| Name:                     | Fred W. Penton  | _   |
| Address:                  | 720 NE 25th Ave Unit 18   |   |
|                           | Cape Coral, Florida 33907Fred W. Per  | шон   |
|                           | INCORPORATOR  |   |
|                           | address of the Incorporator is:   |   |
| Name:                     | Fred W. Penton  |   |
| Address:                  | Cape Coral, Florida 3390  | <del></del>   |
| Having been no            | amed as registered agent to accept service of proce   | ess for the above stated corporation at the place designated in   |
|                           | Ham familiar wife and accept the appointment as re  |   |
| v —                       | Du Tenton   | 1-4-2012  |
|                           | Required Signature/Registered Agent   | Date  |
|                           | ocument and affirm that the facts stated herein as<br>Department of flate constitutes a third degree felo | re true. I am aware that the false information submitted in a<br>ny as provided for in s.817.155, F.S.  |
| 1                         | 011)  | 4.4.0040  |
| ¥ 1/2                     | Required Signature/Incorporator   | 1-4-2012<br>Date  |