

712 000024540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700223768377

03/09/12--01021--029 \*\*87.50

FILED  
2012 MAR 09 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 13 2012

## COVER LETTER

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

SUBJECT: RPIMS, 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: Jeffrey A. Smith

Name (Printed or typed)

540 NW University Blvd., Ste. 108

Address

Port St. Lucie, FL 34986

City, State & Zip

(772) 462 - 8707

Daytime Telephone number

smith@jaslawgroup.com

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

2012 MAR 06 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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** RPIMS, Inc

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
540 NW University Blvd.  
Ste 108  
Port St. Lucie, FL 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under Florida Law, as the same exists or as may hereafter be amended from time to time.

**ARTICLE IV SHARES** 10,000 Common

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David W. Skiles, President, CEO and Director Name and Title: \_\_\_\_\_  
Address: 2662 SE Emmett Rd Address: \_\_\_\_\_

Port St. Lucie, FL 34952

Name and Title: Jeffrey A. Smith, Vice President and Director Name and Title: \_\_\_\_\_  
Address: 5260 SE Seascape Way #3 Address: \_\_\_\_\_

Stuart, FL 34997

Name and Title: Glenn K. Boyd, Secretary, Treasurer and Director Name and Title: \_\_\_\_\_  
Address: 165-49th Ave Address: \_\_\_\_\_

Vero Beach, FL 32968

**ARTICLE VI REGISTERED AGENT**

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

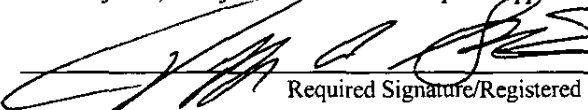
Name: Jeffrey A. Smith  
Address: 540 NW University Blvd, Ste 108  
Port St. Lucie, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David W. Skiles  
Address: 2662 SE Emmett Rd  
Port St. Lucie, FL 34952

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

3-5-2012  
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.

  
Required Signature/Incorporator

3/5/12  
Date

FILED  
2012 MAR 05 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA