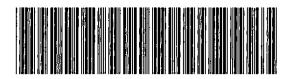
## P12000070502

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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7/19 W12000383ab

## **COVER LETTER**

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

SUBJECT: Down Range Solutions	s inc. (DRS inc.)
(PROPOSED CORPORA	TE NAMÈ – <u>MUST INCLÚDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Marvin W. Siebe	(Printed or typed)
2936 Lake Shore Dr Su	
,	Address
Riviere Beach, FL 3340	4 State & Zip
772-263-0702  Daytime T	elephone number
rsoteam8@gmail.com E-mail address: (to be used	for future annual report notification)

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



RECEIVED 12 AUG 14 PH 12: 13

SEGRETAR: UF STATE TALLAHASSEE, FLORIDA

July 19, 2012

MARVIN W. SIEBE 2936 LAKE SHORE DR SUITE 202 RIVIERE BEACH, FL 33404

SUBJECT: DOWN RANGE SOLUTIONS INC. (DRS INC.)

Ref. Number: W12000038306

We have received your document for DOWN RANGE SOLUTIONS INC. (DRS 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 512A00019190

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

RTICLE I	NAME	Down Range Solu	tions inc.	
he name of the	corporation shall be:			
D#101 - 1	BB71207B47 05	PIOP		
RTICLE II	PRINCIPAL OF		Mailing address, if different is:	:
	Principal stre		ivianisis was and a second	
		Dr Suite 202		
	Riviere Beach, F	L 33404		
	<u>PURPOSE</u>			
he purpose for	which the corporation	n is organized is:		
General Bu	siness Services			
ARTICLE IV	SHARES			
	hares of stock is:			
RTICLE V	INITIAL OFFIC	ERS AND/OR DIRECTO	Name and Title:	
	Title: Marvin VV. S	lede President	Name and Title:	
Address:		hore Dr Suite 202		
	Riviere Resi	ch, FL 33404	•	
		<u> </u>	_	
Name and	Title:		Name and Title:	
Address:			Address:	
	<del></del>			
	me d		1.771.4	
	Title:		Name and Title:	
Address:			Address:	
	<del></del>	<del> </del>		
	REGISTERED A		72	300
he <u>name and F</u>		(P.O. Box NOT acceptable)	of the registered agent is:	والمناور
Name:	Marvin W.		<del></del>	1 75
Address:	2936 Lake	Shore Dr. Suite 202	<del>_</del>	7
	Riviere Be	ach, Fl_33404		
			æ E	
RTICLE VII	INCORPORATO		<u> </u>	
ie <u>name and ac</u> Name:	ddress of the Incorpora		<u>"</u>	J. 8.
Name'	Marvin W.	<del></del>		
	2936 Lake 3	Shore Dr. Suite 202		
Address:	Divisiona Das	3CN, FL 334U4	<b>—</b>	Ed in
	Riviere Bea			
Address:		nt to accept service of proce	ss for the above stated corporation at the place d	7 71
Address: aving been nar	med as registered agei	nt to accept service of proce	ss for the above stated corporation at the place of	
Address: aving been nar	med as registered agei	nt to accept service of proce accept the appointment as re	ss for the above stated corporation at the place of gistered agent and agree to act in this capacity	2
Address: aving been nar	med as registered agei	nt to accept service of proce accept the appointment as re	ss for the above stated corporation at the place of gistered agent and agree to act in this capacity	7
Address:  aving been nar	med as registered ages am familiar with and t	accept the appointment as re	gistered agent and agree to act in this capacity	
Address: aving been nar	med as registered ages am familiar with and t	nt to accept service of proce accept the appointment as re accept the appointment as re accept the appointment as re accept the appointment as re- gnature/Registered Agent	ss for the above stated corporation at the place of gistered agent and agree to act in this capacity of the state of the place of the p	
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