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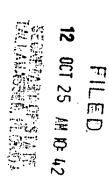
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: RMB2 Services, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE 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: Richard Briggs Name (Printed or typed)		
Capri Cr. N. Apt. #23		
	Address	
Treasure Island, FL 33706 City, State & Zip		
727-459-7792 Daytime T	elephone number	
rbrigggy@yahoo.com E-mail address: (to be used	t bigggy@yahw.com d for future analyal report potification)	

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

ARTICLES OF INCORPORATION

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME RMB2 Services, Inc. The name of the corporation shall be: 12 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address 255 Capri Cr. N. Apt. #23 Treasure island, FL 33706 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Restaurant ARTICLE IV SHARES The number of shares of stock is: 1,000 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Richard Briggs, President Name and Title: Address: 255 Capri Cr. N. Apt. #23 Address: Treasure Island, FL 33706 Name and Title:______ Name and Title:_____ Address: _____ Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name: Richard Briggs Address: 255 Capri Cr. N. Apt. #23 Treasure Island, FL 33706 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Richard Briggs Address: 255 Capri Cr. N. Apt. #23 Treasure Island, FL 33706 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 10-23-12 Date Required Signature/Registered Agent 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.

10-23-12 Date