

P12000096698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

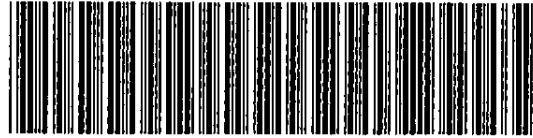
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900241479789

11/21/12--01004--005 **78.75

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
NOV 21 AM 9:47

Ps 11/21/12

COVER LETTER

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

SUBJECT: **Rainwater Consulting 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Deborah Knighton**
Name (Printed or typed)
3930 Oleander Way
Address
St. Pete Beach
City, State & Zip
(813)362-7850
Daytime Telephone number
rainwaterconsultingservices@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

The name of the corporation shall be: **Rainwater Consulting Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

3930 Oleander Way

St. Pete Beach, Florida 33706

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting engineering services, specializing in expert review of stormwater plans, design calculations, and stormwater models. Additional services to include flooding analysis, mentoring, and marketing assistance.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Knighton, President

Address: 3930 Oleander Way

St. Pete Beach, Florida 33706

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Deborah Knighton

Address: 3930 Oleander Way

St. Pete Beach, Florida 33706

ARTICLE VII INCORPORATOR

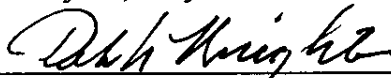
The name and address of the Incorporator is:

Name: Deborah Knighton

Address: 3930 Oleander Way

St. Pete Beach, Florida 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

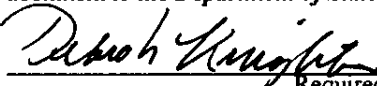


Required Signature/Registered Agent

11-16-2012

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

11-16-2012

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 21 AM 9:47