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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
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SECRUTARY OF STATE



COVER LETTER

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

SUBJECT: RFC	C MAINTENANC	E CO. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
R	ADOSLAW CZA		

ОМ	RADOSLAW CZABAN
• 1111	Name (Printed or typed)
	PO BOX 1292
	Address
	FORT WALTON BEACH, FL 32549
	City, State & Zip
	850-243-1551
	Daytime Telephone number
	rfcmaintenance@aol.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 The name of the co	NAME reporation shall be: RFC MAINTEN	ANCE CO.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address 1537 VENICE AVE. FORT WALTON BEACH, FL 32549		ddress, if different is: ALTON BEACH, FL 3549
`-			
ARTICLE III	PUPPOSE		
	hich the corporation is organized is: BUSIN	ESS- FOR PROFIT	
ARTICLE IV	SHARES		
The number of shar	es of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT		
	tle: RADOSLAW CZABAN, DIRECTOR PO BOX 1292		
Address:	FORT WALTON BEACH	Address:	
	FL 32549		
	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Name and Ti	tle:	Name and Title:	
Address:		Address:	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	RADOSLAW CZABAN		·
Address:	1537 VENICE AVE		<u></u> 1 .
	FORT WALTON BEACH, FL 32549		35 2 5
			SS Z
	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆
Name:	RADOSLAW CZABAN		
Address:	PO BOX 1292 FORT WALTON BEACH, FL 32549		ms: 📜 🕮
	FORT WALTON BEAUTY, TE 32349		
Having heen name	ed as registered agent to accept service of pro	cess for the above stated corn	oration at the slace designated in
this certificate. I ar	n <u>fam</u> illar with and accept the appointment as	registered agent and agree to	act in this capacity N
	0	3	**************************************
RADOSLAN	المستسمين المستسم		11-11-12
ENNOCAN	Required Signature/Registered Agent		Date
	Required Signature/Registered Agent		Date
I submit this document to the De	ment and affirm that the facts stated herein epartme <u>nt of</u> State constitutes a third degree fo	are true. I am aware that the elony as provided for in s.817.	false information submitted in a 155, F.S.
710	- Jaken	• •	
PANTE A	LISARAN		11-11-12
TOUCH	Required Signature/Incorporator		//-//-/2_ Date