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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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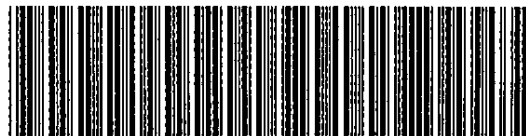
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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gn 2/25/13

COVER LETTER

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

SUBJECT: **RASL Services Corporation**
(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: **Staci Storms**
Name (Printed or typed)
6666 South U.S. 1, Suite 1
Address
Port St. Lucie, FL 34952
City, State & Zip
772-465-6080
Daytime Telephone number
sstorms@rasl.com
E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: RASL Services Corporation

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6666 South U.S. 1, Suite 1

Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide services in the operation of
real estate listings.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donn Wonderling, Director

Name and Title: _____

Address 4800 N. Federal Highway

Address: _____

Suite A-105

Boca Raton, FL 33431

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Staci Storms
Address: 6666 South U.S. 1, Suite 1
Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Staci Storms
Address: 6666 South U.S. 1
Port St. Lucie, FL 34952

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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

Staci Storms
Required Signature/Registered Agent

2/13/13
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.

Staci Storms
Required Signature/Incorporator

2/13/13
Date