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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | or Status | |
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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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COVER LETTER

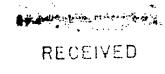
Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

| SUBJECT: Gr | andpa Richa | rds Enterp | |
|----------------------|--|--|---|
| Enclosed are an orig | inal and one (1) copy of the art | | |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |
| FROM: R | ichard James M | 1cManus e (Printed or typed) | |
| 89 | 906 N. Oregon A | | |
| Ta | ampa, Florida. 3 | | |
| <u>81</u> | 3-446-9860 | Glephone number | |
| | Daytille 1 | crophone number | |

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

E-mail address: (to be used for future annual report notification)





13 APR -3 AM 10: 31

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

March 21, 2013

RICHARD JAMES MCMANUS 8906 N. OREGON AVENUE TAMPA, FL 33604

SUBJECT: RJM ENTERPRISES, INC

Ref. Number: W13000016749

We have received your document for RJM ENTERPRISES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 913A00006752

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

FILED

| ARTICLE I NAM The name of the corporat | | 3:5: |
|---|---|--|
| | VCIPAL OFFICE Principal street address | Mailing address, if different is URIDA |
| 8906 N. Orego | · · · · · · · · · · · · · · · · · · · | |
| Tampa, Florid | | |
| | | |
| ARTICLE III PURI The purpose for which the | POSE te corporation is organized is: Trim C | arpentry Services |
| | | |
| | | |
| | | |
| | | |
| | | |
| ARTICLE IV SHA The number of shares of shares | <u>RES</u> 100 | |
| The number of shares of | stock is: | |
| | TAL OFFICERS AND/OR DIRECTOR | <u>s</u> |
| Name and Title | Richard McManus President | Name and Title: |
| Address | 8906 N. Oregon Avenue | _ Address: |
| | Tampa, Florida 33604 | |
| | | |
| Name and Title: | | Name and Title: |
| Address | | Address: |
| | | |
| | | |
| Name and Title: | | Name and Title: |
| Address | | Address: |
| | | |

(conti.)

| | | | FILED |
|-------------------------------------|--|-----------------------------|--|
| Name a | nd Title: | _ Name and Title: | 13 APR -3 PH 12 |
| Addres | es | Address: | SECRETARY OF STATE TALLAHASSIE, FLORIDA |
| ARTICLE VI The name and I | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of Richard McManus | of the registered agent is: | |
| Address: | 8906 N. Oregon Avenue | _ | |
| | Tampa, Florida 33604 | _ | |
| ARTICLE VII | INCORPORATOR address of the Incorporator is: | | |
| Name: | Richard McManus | | |
| Address: | 8906 N.Oregon Avenue | _ | |
| | Tampa, Florida 33604 | _ | |
| | med as registered agent to accept service of proces am familiar with and accept the appointment as re | | |
| Ki | Required Signature/Registered Agent | | 3/17/2013 |
| - | Required Signature/Registered Agent | | Date |
| I submit this do document to the | cument and affirm that the facts stated herein are Department of State constitutes a third degree feloi | true. I am aware that the | e false information submitted in a 155, F.S. |
| But | I MEMIN | - | 3/17/2013 |
| | Required Signature/Incorporator | _ | Date |