

P13000100031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

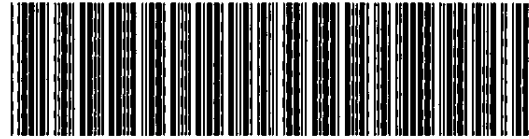
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/13--01035--011 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2013 DEC 16 AM 9:57

1/4

COVER LETTER

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

SUBJECT: R.U.M. 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Carmella Tomaselli-Leahy

Name (Printed or typed)

8343 Eldridge Rd

Address

Spring Hill, FL 34608

City, State & Zip

(352) 442-3937

Daytime Telephone number

RUMServicesInc@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)

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ARTICLE I NAME
The name of the corporation shall be: R.U.M. Services, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

8343 Eldridge Rd
Spring Hill, FL 34608

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To engage in any and all legal business activities.

ARTICLE IV SHARES 10,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carmella Tomaselli-Leahy, President Name and Title: _____

Address 8343 Eldridge Rd Address: _____
Spring Hill, FL 34608

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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DIVISION OF CORPORATIONS

2013 DEC 16 AM 9:57

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: Carmella Tomaselli-Leahy
Address: 8343 Eldridge Rd
Spring Hill, FL 34608

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carmella Tomaselli-Leahy
Address: 8343 Eldridge Rd
Spring Hill, FL 34608

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

Carmella Tomaselli-Leahy
Required Signature/Registered Agent

12/12/13
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.

Carmella Tomaselli-Leahy
Required Signature/Incorporator

12/12/13
Date