

P14-0000000399

(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:

JAN - 3 2014

A. DUNLAP

Office Use Only



600253136896

11/15/13--01010--013 \*\*78.75

W13-63677



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2013

ROGER JOE NESS JR  
6500 LAKE GRAY BLVD SUITE 1005  
JACKSONVILLE, FL 32244

SUBJECT: ROCK SOLID SERVICING, INC.  
Ref. Number: W13000063677

We have received your document for ROCK SOLID SERVICING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 413A00026616

## COVER LETTER

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

SUBJECT: **Rock Solid Servicing, 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  
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 COPY REQUIRED**

FROM: **Roger Joe Ness Jr.**

Name (Printed or typed)

**6500 Lake Gray Blvd. Suite 1005**

Address

**Jacksonville, FL 32244**

City, State & Zip

**904-412-1213**

Daytime Telephone number

**rocksolidservicing@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: Rock Solid Servicing, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6500 Lake Gray Blvd. Suite 1005

Jacksonville, FL 32244

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Residential handyman services,  
minor home repairs, janitorial

**ARTICLE IV    SHARES** 1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roger Ness, Pres.

Name and Title: Patricia Ness, VP

Address 6500 Lake Gray Blvd.

Address: 6500 Lake Gray Blvd.

Suite 1005

Suite 1005

Jacksonville, FL 32244

Jacksonville, FL 32244

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: Roger Ness  
Address: 6500 Lake Gray Blvd. Suite 1005  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roger Ness  
Address: 6500 Lake Gray Blvd. Suite 1005  
Jacksonville, FL 32244

*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*

Roger Ness

Required Signature/Registered Agent

01-01-2014

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.*

Roger Ness

Required Signature/Incorporator

01-01-2014

Date