

**S. GILBERT**

## COVER LETTER

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

SUBJECT: RDS Sales Group 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: DORON SHREM  
Name (Printed or typed)

1315 NW 127 DR.  
Address

SUNRISE FL 33323  
City, State & Zip

954 673 9869  
Daytime Telephone number

ddshrem@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: RDS SALES GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1315 NW 127 DR.  
SUNRISE FL 33323

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

FILED  
14 OCT -6 PM 3:52  
SOLICITOR OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: DORON SHREM

Name and Title: MYTAL R. SHREM

Address PRESIDENT

Address: VICE PRESIDENT

1315 NW 127 DR

1315 NW 127 DR.

SUNRISE FL 33323

SUNRISE FL 33323

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: DORON SHREM  
Address: 1315 NW 127 DR .  
SUNRISE FL 33323

**ARTICLE VII INCORPORATOR**

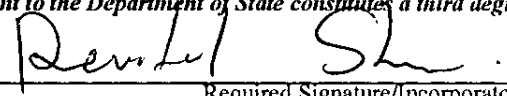
The name and address of the Incorporator is:

Name: MYTAL R. SHREM  
Address: 1315 NW 127 DR .  
SUNRISE FL 33323

*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*

 10/01/14  
Required Signature/Registered Agent 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.*

 10/01/14  
Required Signature/Incorporator Date