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(Re	equestor's Name)	
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(/ 11	au (C33)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
/D	ocument Number)	
(Di	ocament (variber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
¥ -	Office Use Only	1



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COVER LETTER

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

SUBJECT: RC	MAIN I ENANCE	COMPANY	INE CUMEIV
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>ode suffix</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	
D	ADOSLAM/07A	PAN	

FROM:	RADOSLAW CZABAN
i itoivi	Name (Printed or typed)
	PO BOX 1292
	Address
	FORT WALTON BEACH, FL 32549
	City, State & Zip
	850-368-2022
	Daytime Telephone number
	rfcmaintenance@aol.com E-mail address: (to be used for future annual report notification)
	L-man address. (to be used for future aimidal report nonneation)

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 NAM The name of the corporat		NCE COMPAN	′
	VCIPAL OFFICE Principal street address EAVE	Mailing address PO BOX 12	ss, if different is:
FORT WAL	TON BEACH	FORT WAL	TON BEACH
FL 32547		FL 32547	
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is:	ROFIT	4 NOV 2
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
****			PH D:
			020 5 020 5
	RES 100 TIAL OFFICERS AND/OR DIRECTOR RADOSLAW CZABAN, P,T PO BOX 1292 FORT WALTON BEACH FL 32549	S Name and Title: Address:	
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address		Address:	

Name and	1 Title:	Name and Title:	
Address		Address:	
			<u> </u>
		 	
ARTICLE VI	REGISTERED AGENT		<i></i> "
The name and Fl	orida street address (P.O. Box NOT acceptable) of t	he registered agent is:	<u> </u>
Name:	RADOSLAW CZABAN		0.80 0.80
Address:	1537 VENICE AVE		N 26
	FORT WALTON BEACH, FL 32547		PH
			PH 12:1
ARTICLE VII	INCORPORATOR		**************************************
The name and ad	<u>dress</u> of the Incorporator is:		,
Name:	RADOSLAW CZABAN		
Address:	PO BOX 1292		
	FORT WALTON BEACH, FL 32549		
	ned as registered agent to accept service of process jum familiar with and accept the appointment as regis		
	Solar (also		11-24-2014
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony		
()	afan Calan		11-24-2014
	Required Signature/Incorporator		Date