

P/4000/0/667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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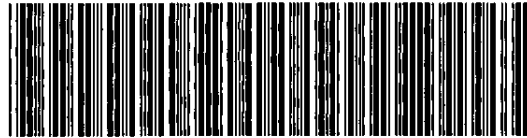
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2014

S. GILBERT

COVER LETTER

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

SUBJECT: RSS 1929 CONSULTANTS, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ROBERT SCHLEIEN

Name (Printed or typed)

12422 MOUNT BORA DRIVE

Address

BOYNTON BEACH, FL 33473

City, State & Zip

917-842-0432

Daytime Telephone number

robertschleien@aol.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: RSS 1929 CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12422 MOUNT BORA DRIVE

BOYNTON BEACH, FL 33473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized for the purpose of transacting any or all lawful business for corporations of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: TWO HUNDRED (200)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT SCHLEIEN, PRESIDENT

Name and Title: _____

Address 12422 MOUNT BORA DRIVE

Address: _____

BOYNTON BEACH, FL 33473

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: ROBERT SCHLEIEN

Address: 12422 MOUNT BORA DRIVE

BOYNTON BEACH, FL 33473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT SCHLEIEN

Address: 12422 MOUNT BORA DRIVE

BOYNTON BEACH, FL 33473

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

By: Robert Schleien

Required Signature/Registered Agent

12/16/14

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.

Robert Schleien

Required Signature/Incorporator

12/16/14

Date