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To:

Division of Corporations

Fax Number

: (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION RT Services Holding Company, Inc.

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04
\$78.75

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

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

SUBJECT: RT Services Holding Company, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUPPLX)

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

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Scott E. Swartz, Esq WALTER HAVERFIELD LLP			
	Name (Printed or typed)			
	1301 E. 9th Street, Suite #3500			
•	Address			
	Cleveland, OH 44114			
	City, State & Zip			
	(216) 928-2932			
	Daytime Telephone number			
	raphaelt@cheservices.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 IN In compliance with Chapter 607		
ARTICLE I NAM The name of the corporat	E RT Services Ho	ding Company, Inc.	
ARTICLE II PRII	ICIPAL OFFICE Principal <u>street</u> address	Mailing address, if d	ing α There are
Miami Lakes,	<del></del>	-	
	POSE to corporation is organized is:  To enough be formed in the State of	gage in any lawful act or ac of Florida.	tivity for which
	stock is: 100  TAL OFFICERS AND/OR DIRECT		
Name and Title	Raphael Treitel, President/Dire	Ctor Name and Title:	
Address	5854 Miami Lakes Drive Miami Lakes, FL 33014	Address:	
Name and Title:		Name and Title:	
Address		Address:	
	<del></del>		
None and Tisla		Managed Title	
Address		Name and Title:	
Address		Audress:	

			(conti.)	
Name ar	nd Title:	Name and Title:		
Address		Address:		
	****		<del></del>	
			<u> </u>	
	REGISTERED AGENT forida street address (P.O. Box NOT acceptable) of CT CORPORATION SYSTEM	the registered agent is:	35 F	
Name: Address:	1200 South Pine Island Road		<b>6</b> 6	
	Plantation, FL 33334	•		
ARTICLE VII	INCORPORATOR		AM II: 02 FOR STATE	
The name and address of the incorporator is:			<b>02</b>	
Name:	Scoti E. Swartz, Esq WALTERPHAVERFIELD LLP		,• "	
Address:	1301 E. 9th Street, Suite #3500			
	Cleveland, OH 44114	-		
	med as registered agent to accept service of process anı familiar with and accept the appointment as rej			
KWX.	Kristin Bolde Assistant Secre		02/04/2015	
	Required Signature/Registered Agent		Date	
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fals y as provided for in £817.155,	e information submitted in a F.S.	
	THE A		2-4-2015	
	Required Signature Incorporator	<del></del>	Date	