

P15000013086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

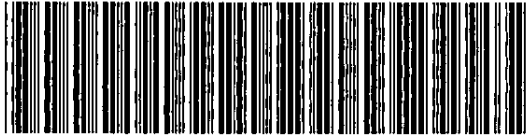
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 2/9/15

COVER LETTER

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

SUBJECT: RP TOOLS 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: RICHARD PAUL
Name (Printed or typed)

625 OAKS DRIVE #406
Address

POMPANO BEACH, FL 33069
City, State & Zip

954-805-6884
Daytime Telephone number

richard.royalmarc@att.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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TALLAHASSEE, FLORIDA
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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: RP TOOLS INC.

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ARTICLE II PRINCIPAL OFFICE
Principal street address
647 SW 9TH TERRACE
POMPANO BEACH, FL 33069

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MAILING ADDRESS, IF DIFFERENT AS:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>RICHARD PAUL, PRESIDENT</u>	Name and Title:	_____
Address	<u>625 OAKS DRIVE #406</u>	Address:	_____
	<u>POMPANO BEACH, FL 33069</u>		_____

Name and Title:	<u>JAMIE PAUL, VICE PRESIDENT</u>	Name and Title:	_____
Address	<u>625 OAKS DRIVE #406</u>	Address:	_____
	<u>POMPANO BEACH, FL 33069</u>		_____

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:

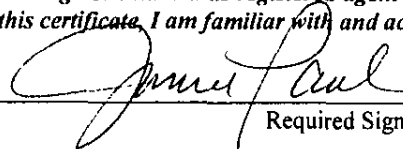
Name: JAMIE PAUL
 Address: 625 OAKS DRIVE #406
POMPANO BEACH, FL 33069

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RICHARD PAUL
 Address: 625 OAKS DRIVE #406
POMPANO BEACH, FL 33069

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

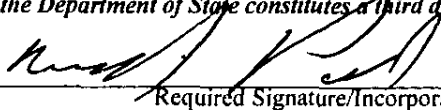


 Required Signature/Registered Agent

1-28-2015

 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.



 Required Signature/Incorporator

1/29/15

 Date

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