

P15000053156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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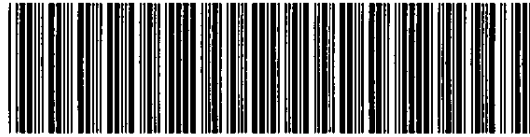
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 16 AM 9:45

π 06/22/15

COVER LETTER

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

SUBJECT: **RMBGB, 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: **Ronald and Monica Rigaud**

Name (Printed or typed)

16228 Livingston Avenue

Address

Lutz, FL 33559

City, State & Zip

910-797-6927

Daytime Telephone number

mrrigaud@hotmail.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: RMBGB, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16228 Livingston Avenue

Lutz, FL 33559

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct a window washing/tinting/pressure washing/gutter cleaning service business in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald M. Rigaud, COO

Address: 16228 Livingston Ave
Lutz, FL 33559

Name and Title: Monica R. Rigaud, CFO

Address: 16228 Livingston Ave
Lutz, FL 33559

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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15 JUN 15 AM 9:45

(cont.)

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: REGISTERED AGENT SOLUTIONS, INC.

Address: 155 Office Plaza Dr. Suite A Tallahassee, FL 32301

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica R. Rigaud

Address: 16228 Livingston Avenue

Lutz, FL 33559

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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

Jacyn Wright Jacyn, Wright, Asst. Secretary
Required Signature/Registered Agent

06/09/2015

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.

Monica R. Rigaud
Required Signature/Incorporator

June 15
Date