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(Requestor's Name)				
(Address)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: RBx	SB Landservices, Inc.		
SOBJECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fe	-	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITION		AL COPY REQUIRED
FROM:	Joseph Stevenson Nam 3901 N Central Dr G304-	ne (Printed or typed)	
-		Address	
	Hobbs, NM 88240		
-	City	, State & Zip	
	(479) 747-0688		
•	Daytime	Telephone number	
į	joe.c.stevenson@gmail.com		
•	E-mail address: (to be us	ed 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)

•	ARTICLES OF INC	CORPORATION
	In compliance with Chapter 607 ar	nd/or Chapter 621, F.S. (Profit)
RTICLE I NAME	DD-CD I and arrived In-	150
he name of the corpora	tion shall be:	Mailing address, if different is:
ARTICLE II PRINC		
IMPEDENT IMPE	Principal street address	Mailing address, if different is:
3901 N Central Dr. G30)4	· · · · · · · · · · · · · · · · · · ·
Hobbs, NM 88240		
<u> </u>		(b)
ARTICLE III PURPE The purpose for which t	DSE To provide the corporation is organized is:	e a service in Land Services
	stock is: AL OFFICERS AND/OR DIRECTORS	
Name and Title	Joseph Stevenson / President	Name and Title:
Address	3901 N Central Dr G304-	Address:
	Hobbs, NM 88240	
Name and Title		Name and Title:
Address		Address:
Name and Title:		Name and Title:
		<u>- </u>
Address		Address:
		والاشتان بالمراجع والمتالك المناسب ووروان المتالك المناسب ووروان المتالك والمتالك وا

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	Iorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Heather Price	_
Address:	7410 S US Highway 1 Stc 403	
	Port Saint Lucie, FL 34952	
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Joseph Stevenson	
Address:	3901 N Central Dr G304	-
	Hobbs, NM 88240	
Effective date, if (If an effective days after the f	iling.) e inserted in this block does not meet the applicabl	. (OPTIONAL) of be more than five business days prior or 90 business e statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's records	
	med as registered agent to accept service of proce I am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
X en	MI Pris	9.29.15
	Required Signature/Registered Agent	Date
	Department of State constitutes a third degree felo	•
_		9/29/2015
Requ	uired Signature/Incorporator	Date

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