

From:

P1600003738

04/28/2016 17:17

15 P.001 03

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000105668 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

RECEIVED

16 APR 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
RS Design & Management Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 28 AM 11:05

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

UH

From:

04/28/2016 11:18

#415 P.002/003

FILED

16 APR 28 AM 11:05

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: RS Design & Management Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8421 Eagle Brook Drive

Land O Lakes, FL 34638

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSE GARCIA (President)

Name and Title:

Address

8421 Eagle Brook Drive

Address:

Land O Lakes, FL 34638

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

From:

04/28/2016 11:18

#415 P.003/003

FILED

16 APR 28 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: ROSE GARCIA
Address: 8421 Eagle Brook Drive
Land O Lakes, FL 34638

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSE GARCIA
Address: 8421 Eagle Brook Drive
Land O Lakes, FL 34638

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

April 27, 2016
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

April 27, 2016
Date