

P16 0000 666 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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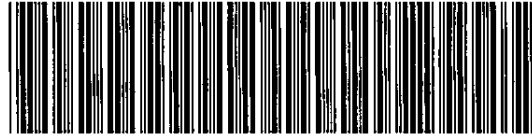
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/16--01006--010 **78.75

16 AUG -4 PM 3:07
OFFICE OF THE CLERK
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: R.T.M. Beverage Consulting Incorporation

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Robert Morris

Name (Printed or typed)

4624 Danson Way

Address

Delray Beach, FL. 33445

City, State & Zip

561-441-1895

Daytime Telephone number

cinije@yahoo.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: R.T.M. Beverage Consulting Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

4624 Danson Way.

Delray Beach, FL. 33445

Mailing address, if different is:

Same as above.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultation for beverages.

16 AUG - 4 PM 3:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares at \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Morris - President

Name and Title: _____

Address 4624 Danson Way

Address: _____

Delray Beach FL. 33445.

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Charles Inije _____

Address: 1175 N.E. 125th Street suite 306 _____

Miami, FL. 33161. _____

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert Morris _____

Address: 4624 Danson Way _____

Delray Beach, FL. 33445 _____

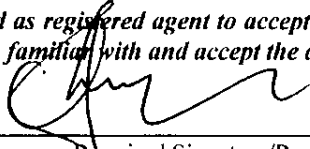
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1st 2016 _____ (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

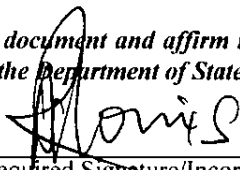


Required Signature/Registered Agent

June 1st 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

June 1st 2016

Date