P16000071190

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Maine)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400247487964

08/25/16--01004--001 **70.00

16 AUG 25 AM11: 14

× 08/39/16

COVER LETTER

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

SUBJECT: R	M Solutions of (PROPOSED CORPORA)	South Floric	la, Inc.			
	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCLI</u>	<u>UDE SUFFIX</u>)			
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		71001712 00	- T REQUIRED			
FROM: Richard Marshall Name (Printed or typed)						
15481 SW 12th Street #301 Address						
Sunrise FL 33324 City, State & Zip						
954-648-2402						
RMINC 2016 Egmail. 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)

The name of the corpora		RH	Solution	<u>ons</u>	04 5	<u>south</u>	<u> Horida</u>	lnc.
ARTICLE II PRIN	CIPAL OFFICE Principal stree					Mailing add	dress, if different	is:
15481 SW 127	ⁿ Street	#30	1					
Sunvise Fl	<u> 333</u>	26_						
ARTICLE III PURP The purpose for which	OSE the corporation	is organize	d is:	· · · · · ·	<u></u>			
any and	all law	ful b	4SINESS	1				
								16
								AUG
								25
		···						3
ADTICIT IV SUAD) F C	_						=
ARTICLE IV SHAR The number of shares of	stock is:	0			_			
ARTICLE V INITIA	AL OFFICERS	AND/OR L	DIRECTORS					
Name and Titl	e: <u>Richara</u>	1 Mai	shall P	Nan	ne and Titl	e:	· ·	
Address	15481 Sn	112th	Street	Ado	dress:			
	Suite #	301						
	Sunris	c F	33320	<u>e</u>				
Name and Title	»:			Nan	ne and Titl	e:		
Address				Ado	dress:			
Name and Title	:			Nan	ne and Titl	e:		
Address			· · · · · · · · · · · · · · · · · · ·	Ado	dress:	 		

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box N	
Name: Kichard Mars	shall
Address: 154.81.5W 12	th St. #301
Synvise Fr	33326
ARTICLE VII INCORPORATOR	16 A
The name and address of the Incorporator is:	AUG AUG
The <u>maine and address</u> of the incorporator is.	25 TA-
Name: KICHAIRA M	arsraii 💂 🚉
Address: 157481 SW 15	2th St #301 = 339
Sing F	33324
<u>anio i</u>	<u> </u>
ARTICLE VIII EFFECTIVE DATE:	
	(OPTIONAL) pecific 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 me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	service of process for the above stated corporation at the place designated in
inis cerigicale, i am jamular wun ana accept ine i	appointment as registered agent and agree to act in this capacity
Mahl Mind	08/22/16
Required Signature/Reg	gistered Agent Date
	stated herein are true. I am aware that the false information submitted in a
aocument to the Department of State constitutes a	third degree felony as provided for in s.817.155, F.S.
Frehr Mill	08/22/16
Required Signature/Incorporator	Date