

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
RDS 74, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

115791

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 15 2016
S. GILBERT

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COVER LETTER

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

SUBJECT: RDS 74, 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: RACHAEL SOTO

Name (Printed or typed)

2 OAKWOOD PLAZA, SUITE 36

Address

HOLLYWOOD, FL 33020

City, State & Zip

305-932-8251

Daytime Telephone number

LUVURLIFEHAIR@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

16 SEP 14 AM 8:35

ALLSOP COUNTY, FLORIDA

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: RDS 74, INC.

ARTICLE II PRINCIPAL OFFICE
Principal office address: 2 OAKWOOD PLAZA, SUITE 36
HOLLYWOOD, FL 33020
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL MATTERS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>RACHAEL SOTO, PRESIDENT</u>	Name and Title:	_____
Address:	<u>2 OAKWOOD PLAZA, SUITE 36</u>	Address:	_____
	<u>HOLLYWOOD, FL 33020</u>		_____

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: RACHAEL SOTO
Address: 2 OAKWOOD PLAZA, SUITE 36
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: RACHAEL SOTO
Address: 2 OAKWOOD PLAZA, SUITE 36
HOLLYWOOD, FL 33020

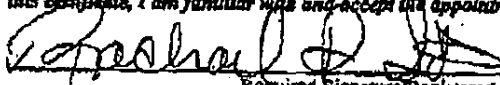
ARTICLE VIII EFFECTIVE DATE

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.

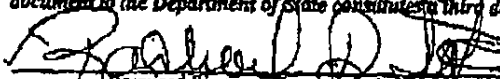
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

09/13/16

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

09/13/16

Date