

P18000034318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

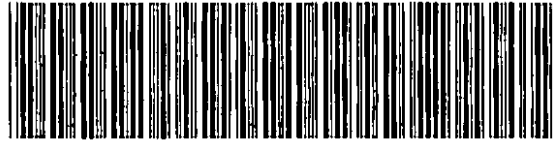
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000310806410

03/29/18--01015--002 **87.50

FILED

2018 APR 16 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2018

PAGE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2018

ROSE STRYDOM
4890 QUILL COURT
PALM HARBOR, FL 34685

SUBJECT: R M S ORIGINALS, INC
Ref. Number: W18000031785

We have received your document for R M S ORIGINALS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 818A00006671

RECEIVED
2018 APR 16 PM 12:11
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
2018 APR 16 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

ATX1

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

SUBJECT: R M S ORIGINALS, 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: Rose Strydom

Name (Printed or typed)

4890 Quill Court

Address

Palm Harbor, FL 34685

City, State & Zip

(816) 896-1977

Daytime Telephone number

rmsoriginals@gmail.com

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

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

R M S ORIGINALS, INC.

ATX1

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 M S ORIGINALS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

4890 Quill Court

Palm Harbor, FL 34685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is formed for the purpose of creating, producing,

and manufacturing designer dolls. The corporation may take advantage of the general business law of the State of Florida

and engage in any legal act or activity.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Strydom, Rose, M. President

Name and Title: _____

Address: 4890 Quill Court

Address: _____

Palm Harbor, FL 34685

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2018 APR 16 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Strydom, Rose M.

Address: 4890 Quill Court

Palm Harbor, FL 34685

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Strydom, Rose M.

Address: 4890 Quill Court

Palm Harbor, FL 34685

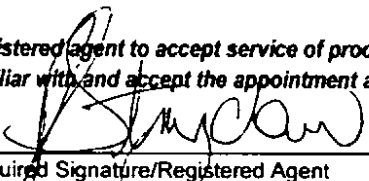
FILED
2018 APR 16 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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_____
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/Incorporator3/25/2018
Date