

P190000088235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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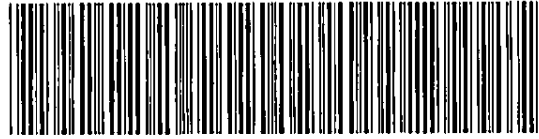
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 DEC -2 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FL

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12/19

COVER LETTER

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

SUBJECT: RB Financials
(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: Randolph Busch
Name (Printed or typed)

736 Willie Ruth Williams LN
Address

Quincy FL 32351
City, State & Zip

850-766-6356
Daytime Telephone number

randybusch1@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: RB Financial Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

736 Willie Ruth Williams Lane
Quincy FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Services, Financial Advisor

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randolph Bush - CEO Name and Title:

Address: 736 Willie Ruth Williams Lane Address:

Quincy FL 32351

Name and Title: Anthony Johnson Treasurer Name and Title:

Address: 736 Willie Ruth Williams Lane Address:

Quincy FL 32351

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FL

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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: Randolph Buss

Address: 736 Willie Felt Williams Dr
Quincy, FL 32351

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Randolph Buss

Address: 736 Willie Felt Williams Dr
Quincy, FL 32351

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

Randolph Buss
Required Signature/Registered Agent

12-2-19
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.

[Signature]
Required Signature/Incorporator

12-2-19
Date