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To: 18506176381 From: 12143052508 Date: 06/08/20 Time: 1:09 PM Page: 01/03

6/8/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

REB Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: REB Solutions, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6050 7th Avenue North

St. Petersburg, FL 33710

Mailing address, if different is:

6050 7th Avenue North

St. Petersburg, FL 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Amazon DSP delivery.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Bauhs, President, Director

Address: 6050 7th Avenue North

St. Petersburg, FL 33710

Name and Title: Cody Bauhs, Secretary

Address: 6050 7th Avenue North

St. Petersburg, FL 33710

Name and Title: Brittany Bauhs, CFO/treasurer

Address: 6050 7th Avenue North

St. Petersburg, FL 33710

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Brittany Bauhs
Address: 6050 7th Avenue North
St. Petersburg, FL 33710

ARTICLE VII INCORPORATOR

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

Name: Brittany Bauhs
Address: 6050 7th Avenue North
St. Petersburg, FL 33710

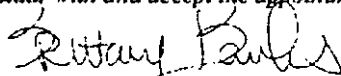
ARTICLE VIII EFFECTIVE DATE:

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

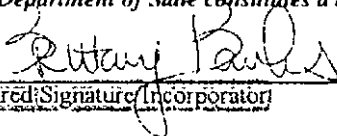


Required Signature/Registered Agent

6/5/2020

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

6/5/2020

Date

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