

P210004802533

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.

((H21000448026 3)))



H210004480263ABC.

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 : HUBCO
Account Number : 104662803400
Phone : (516)935-3940
Fax Number : (516)935-3088

12/9/21

RECEIVED

2021 DEC -8 PM 3:40

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

HARRY@SAMUELSACCOUNTING.COM

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RCM CONSULTING SERVICES INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2021 DEC -8 PM 4:05
TALLAHASSEE
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

H21000448026

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: RCM CONSULTING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3124 WATERSIDE CIRCLE
BOYNTON BEACH, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT C MARELLO - PRESIDENT

Name and Title: _____

Address 3124 WATERSIDE CIRCLE

Address: _____

BOYNTON BEACH, FL 33435

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 DEC -8 PM 4:05
SECRETARY
TALLER
31.0

H21000448026

H21000448026

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: Harry M Samuels

Address: 2901 Stirling Road, # 307

Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

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

Name: ROBERT C MARELLO

Address: 3124 WATERSIDE CIRCLE

BOYNTON BEACH, FL 33435

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 HARRY M SAMUELS

DECEMBER 8, 2021

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 ROBERT C MARELLO

DECEMBER 8, 2021

Date

2021 DEC -8 PM 4:05
SECRETARY OF STATE
TALLahassee, FL

H21000448026