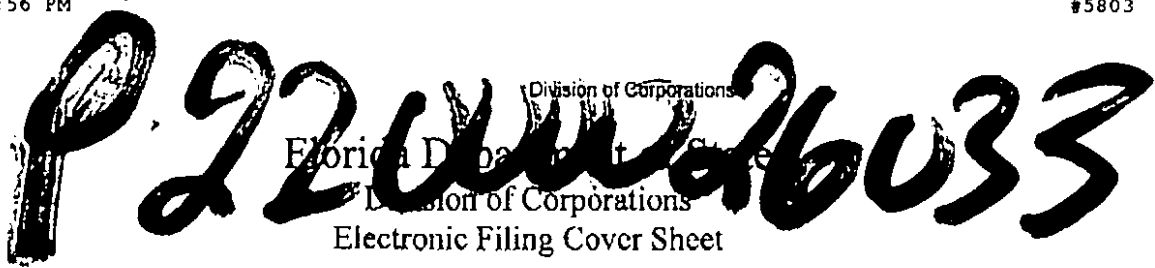


4/5/22, 2:31 PM



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.

((H22000123999 3)))



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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

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FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
RSCI CORP**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

T. SCOTT

APR - 6 2022

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((H22000123999 3)))

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: RSCI CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
541 AVELLINO ISLES CIRLCE UNIT 30201
NAPLES FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON REUVEN, PRESIDENT

Address: 541 AVELLINO ISLES CIRLCE UNIT 30201
NAPLES, FL 34119

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

27 APR 2022
A. A. A. A. A.
A. A. A. A. A.
A. A. A. A. A.
A. A. A. A. A.

(((H22000123989 3)))

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: SHARON REUVEN

Address: 541 AVELLINO ISLES CIRLCE UNIT 30201

NAPLES, FL 34119

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SHARON REUVEN

Address: 541 AVELLINO ISLES CIRLCE UNIT 30201

NAPLES, FL 34119

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*Sharon reuven

Required Signature/Registered Agent

4/5/2022

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.*Sharon reuven

Required Signature/Incorporator

4/5/2022

Date