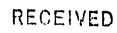
Requestor's Name 890 S.W. 87 AVENUE, SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Certificate of Status ☐ Will wait Photocopy Mail out DIVISION OF CORPORATION AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal **Domestication** Merger Other AREGISTRATION OUT ON A CONTROL OF THE CONTROL OF TH OTHERFILINGS Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials



97 JUN 18 PH 2: 48 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATION

June 17, 1997

LAZARUS

MIAMI, FL

SUBJECT: RCS, CORPORATION Ref. Number: W97000014157

We have received your document for RCS, CORPORATION and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 997A00032339

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: R C S GROUP CORPORATION SEF FLORID.

97 JUN 18 PH 3: 07
SECTE TARY OF STATE
TALLAHASSEF FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4410 W. 16 AVE. SUITE 62 HIALEAH, FL.33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 300 GHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JORGE CASAS-GOHZALEZ 4410 W. 16 AVE. SUITE 62 HIALEAH, FL. 33012

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JORGE C. GONZALEZ, PRESIDENT

4410 W. IGNAE.

501TE 62

HILLEAH, FL. 33012

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JORGE C. GOLIZALEZ 4410 W. 16 AVE SUITE 62 HIALEAH, FL. 33012

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the o	corporation is: R C S GROUP CORPORATION
The name and ad	dress of the registered agent and office is:
,	ORGE CASAS-GONZALEZ
	(NAME)
4410	W. 16 AVE. SUITE 62 (P.O. BOX <u>NOT</u> ACCEPTABLE)
HIAL	CITYISTATEIZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 6.16.97 SIGNATURE

DATE 6

REGISTERED AGENT FILING FEE: \$35.00