

P25000001052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

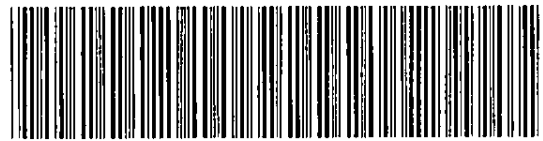
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO: Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Moreau
mmoreau@incserv.com
850.656.7953

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2025 JAN -7 AM 9:47
TALLAHASSEE, FL

REQUEST DATE 1/7/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1336028

ORDER ENTITY
RJP STRATEGIES INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
RJP STRATEGIES INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:
\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: **RJP Strategies Inc.**

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee
& Certified Copy & Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

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FROM: **Nicholas P. Hopeck**

Name (Printed or typed)

99 Washington Ave., Ste. 805A

Address

Albany, NY 12210

City, State & Zip

800-717-2810

Daytime Telephone number

rpearce@PARACOGAS.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: RJP Strategies Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

240 Fairlake Circle

St Augustine, FL 32092

Mailing address, if different is:

12844 Sorrento Way

Bradenton, FL 34211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Pearce, President

Address: 240 Fairlake Circle
St Augustine, FL 32092

Name and Title: Tatiana Rampazo, VP

Address: 240 Fairlake Circle
St Augustine, FL 32092

Name and Title: Kevin Pearce, Director

Address: 12844 Sorrento Way
Bradenton, FL 34211

Name and Title: Brian Pearce, Director

Address: 270 Shore Rd
Long Beach, NY 11561

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: Kevin Pearce
Address: 12844 Sorrento Way
Bradenton, FL 34211

ARTICLE VII INCORPORATOR

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

Name: Robert Pearce
Address: 240 Fairlake Circle
St Augustine, FL 32092

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

/s/ Kevin Pearce

Required Signature/Registered Agent

1/7/2025

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.

/s/ Robert Pearce

Required Signature/Incorporator

1/7/2025

Date

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ALACHUA COUNTY, FL
DEPARTMENT OF STATE