

P12000036249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

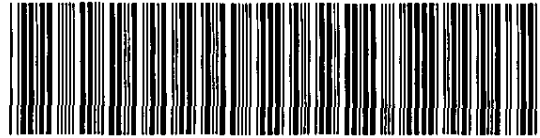
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
4/18/12

COVER LETTER

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

SUBJECT: REAPER SPECIAL SERVICES, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LUCAS O. DELGADO

Name (Printed or typed)

555 NE 34 Street # 1210

Address

Miami, FL 33137

City, State & Zip

786-712-2610

Daytime Telephone number

lucadelgado966@yahoo.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

REAPER SPECIAL SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
555 NE 34 Street # 1210
Miami, FL 33137

Mailing address, if different is:
c/o Maritza Delgado
PO Box 22-7096
Miami, FL 33222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
general services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucas O. Delgado, P/VP/S/T/D
Address: 555 NE 34 St. # 1210
Miami, FL 33137

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maritza Lopez
Address: 555 NE 34 Street # 1210
Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lucas O. Delgado
Address: 555 NE 34 Street # 1210
Miami, FL 33137

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

Maritza Lopez
Required Signature/Registered Agent

April 12, 2010
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.

Lucas O. Delgado
Required Signature/Incorporator

April 12, 2010
Date