

# P23000044282

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

From: Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

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CORPORATIONS  
COMMERCIAL  
SERVICES

### FLORIDA PROFIT/NON PROFIT CORPORATION RINCON POWDER COATING CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

STATE OF FLORIDA  
TALLAHASSEE, FL  
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**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: Rincon Powder Coating Corp

**ARTICLE II PRINCIPAL OFFICE**

3171 E 11th Ave	Principal <u>street</u> address	Mailing address, if different is:
_____	_____	_____
_____	_____	_____
Hialeah, FL 33013		
_____		

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And All Lawful Purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Kelvin D Rincon Fonseca - President</u>	Name and Title:	<u>Ediccio A Rincon Urdaneta - Vicepresident</u>
Address	<u>3171 E 11th Ave</u>	Address:	<u>3171 E 11th Ave</u>
	<u>Hialeah, FL 33013</u>		<u>Hialeah, FL 33013</u>
Name and Title:	<u>Kelver J Rincon Fonseca - Director</u>	Name and Title:	_____
Address	<u>3171 E 11th Ave</u>	Address:	_____
	<u>Hialeah, FL 33013</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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 CLERK OF STATE  
 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: Alex Pina Co.  
 Address: 8400 NW 36TH ST STE 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kelvin D Rincon Fonseca  
 Address: 3171 E 11th Ave  
Hialeah, FL 33013

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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**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*

*AP* \_\_\_\_\_ 06/07/2023  
 Required Signature/Registered Agent 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.*

*KF* \_\_\_\_\_ 06/07/2023  
 Required Signature/Incorporator Date