

P16000030048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

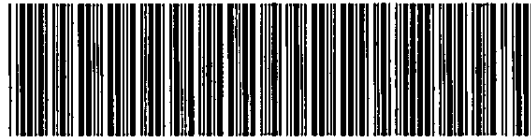
(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 28 PM 2:49

RECEIVED
100282631001

4/3/14

COVER LETTER

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

SUBJECT: REYCHANIC
(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

FROM: REINALDO CABELLO
Name (Printed or typed)
1080 NW 79 ST APT #11
Address
MIAMI FL 33150
City, State & Zip
786-757-5441
Daytime Telephone number
YULIAML@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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15 MAR 28 PM 2:49
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2016

REINALDO CABELLO
1080 NW 79 STREET
APT. #11
MIAMI, FL 33150

SUBJECT: REYCHANIC CORPORATION
Ref. Number: W16000016872

We have received your document for REYCHANIC CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 316A00004659

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16 MAR 28 PM 2:49
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/21/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME
The name of the corporation shall be: REYCHANIC CORPORATION

16 MAR 23 PM 2:49

ARTICLE II PRINCIPAL OFFICE
Principal street address

MAILING ADDRESS
Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1080 NW 79 ST APT#11

1080 NW 79 ST APT # 11

MIAMI FL 33150

MIAMI FL 33150

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: BODY SHOPS AND CAR MECHANIC

ARTICLE IV SHARES
The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PD: REINALDO CABELLO Name and Title: _____

Address: 1080 NW 79 ST APT#11 Address: _____

MIAMI FL 33150

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: REINALDO CABELLO
Address: 1080 NW 79ST APT #11
MIAMI FL 33150

ARTICLE VII INCORPORATOR

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

Name: REINALDO CABELLO
Address: 1080 NW 79 ST APT#11
MIAMI FL 33150

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/21/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Required Signature/Registered Agent
03/21/2016
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.

Required Signature/Incorporator
03/21/2016
Date

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16 MAR 28 PM 2:49
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FL 32399