

015000010931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/15--01027--022 **87.50

15 OCT 30 AM 10:53

COVER LETTER

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

SUBJECT: RODIN ENTERPRISE 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

FROM: Ella Taylor
Name (Printed or typed)

P.o. Box 697
Address

West palm Beach Fl 33402
City, State & Zip

561-702-1803
Daytime Telephone number

Lmchapel@aol.com
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
RETURNED CHECK

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: RODIN ENTERPRISE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

728 Lake Ave

Lake Worth Fl 33460

Mailing address, if different is:

P.O. BOx 697

West Palm Beach Fl 33402

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Do All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELLA TAYLOR P/S/T

Address P.O Box 697

West Palm Beach Fl 33402

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

15 OCT 30 AM 10:59

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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: Lambury, Kris _____

Address: 505 Flager Drive _____

West palm Beach fl 33401 _____

ARTICLE VII INCORPORATOR

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

Name: Lambury, Kris _____

Address: 505 Flager Drive _____

West Palm Beach fl 33401 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2015 (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

10/26/18

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

10/26/18

Date