

P0000008200

TRANSMITTAL LETTER

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

FILED
00 AUG 25 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL 32301

SUBJECT: RMA Business Associates Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Juana M. Alvarez
Name (Printed or typed)

301 Lafayette Drive
Address

Miami, FL 33166
City, State & Zip

(305) 836-7098
Daytime Telephone number

400003373094--2
-08/25/00--01050--017
*****79.00 *****78.75

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

8-30
EC

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:

RMA Business Associates Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2458 N.W. 77th Terrace
Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Juana M. Alvarez, President, 301 Lafayette Dr. Miami, FL 33166
Rosa Garcia, Vice President, 70 East 61 street, Hialeah FL 33012
Reynaldo Alvarez, Treasurer, 301 Lafayette Dr. Miami, FL 33166

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Juana M. Alvarez
301 Lafayette Drive, Miami, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juana M. Alvarez
301 Lafayette Drive, Miami, FL 33166.

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA