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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Continued depicts				
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: RODRIGUEZ REALTY, CORP. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: RA	AMON RODRIGUEZ Name ((Printed or typed)		
	9409 CARLYLE AVE	Address		
	SURFSIDE, FL. 33154	State & Zip		
	(305) 984-9625	elephone number		

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

The name of the corporation shall be:

RODRIGUEZ REALTY, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

RAMON RODRIGUEZ 9409 CARLYLE AVE SURFSIDE, FL. 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL STATE RENTAL

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RAMON RODRIGUEZ (PD) 50 % MARTHA RODRIGUEZ (VP) 50 %

9409 CARLYLE AVE

9409 CARLYLE AVE

SURFSIDE, FL. 33154

SURFSIDE, FL. 33154

ARTICLE VI REGISTERED AGENT

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

RAMON RODRIGUEZ 9409 CARLYLE AVE SURFSIDE, FL. 33154

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RAMON RODRIGUEZ 9409 CARLYLE AVE SURFSIDE, FL. 33154

Signature/Incorporator

Date