

P09 000089547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

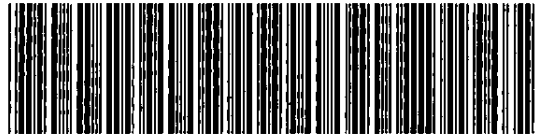
(Business Entity Name)

(Document Number)

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FILED
2009 OCT 28 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 29 2009

COVER LETTER

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

SUBJECT: Rodolfo Sobalvarro Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Rodolfo Sobalvarro
Name (Printed or typed)

213 Julia St.
Address

Key West FL 33040
City, State & Zip

305-294-3525
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

Rodolfo Sobalvarro Inc.

ARTICLE II PRINCIPAL OFFICE

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

213 Julia st. Key West FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rodolfo Sobalvarro - President

ARTICLE VI REGISTERED AGENT

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

Louise Ferris -
925 Toppino Dr.
Key West FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rodolfo Sobalvarro
213 Julia St.
Key West FL 33040

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

Louise Ferris
Signature/Registered Agent

Oct 21, 2009
Date

[Signature]
Signature/Incorporator

10/21/09
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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