

PO9000091467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

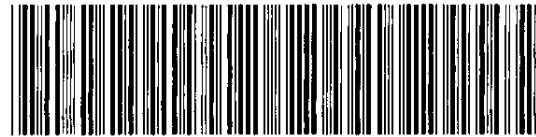
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/06/09--01008--026 **87.50

RECEIVED
09 NOV - 6 PM 2:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
09 NOV - 6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 6 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: N. RUBINA, 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
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: SOBIA AHMED
Name (Printed or typed)

7953 Hwy. 90 west
Address

SNEADS Florida 32460
City, State & Zip

850. 284-1895
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.

Effective
January, 2010
FILED

ARTICLES OF INCORPORATION

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

09 NOV -6 PM 2:58

ARTICLE I NAME

The name of the corporation shall be:

N. RUBINA INC. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

7953 Hwy 90 West
Sneads, FL 32460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful Business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(P) SOBIA AHMED

ARTICLE VI REGISTERED AGENT

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

SOBIA AHMED
7953 Hwy 90 West Sneads FL, 32460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SOBIA AHMED
7953 Hwy 90 West Sneads, FL 32460

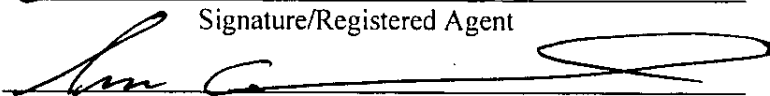
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11.6.7

Date



Signature/Incorporator

11.6.9

Date