

# P10000085465

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 OCT 19 A 9 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W10000031629

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## COVER LETTER

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

**SUBJECT: RXR INVESTMENTS CORP**

(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: GUSTAVO FLORES

Name (Printed or typed)

1065 94TH ST #104

Address

BAY HARBOR ISLANDS, FL 33154

City, State & Zip

305-332-8300

Daytime Telephone number

renzofrancucci@gmail.com ✓

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

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

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2010 OCT 19 A 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2010

GUSTAVO FLORES  
1065 94TH ST. # 104  
BAY HARBOR ISLANDS, FL 33154

SUBJECT: RXR INVESTMENTS  
Ref. Number: W10000031629

We have received your document for RXR INVESTMENTS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 810A00016225

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

**ARTICLE I NAME** RXR INVESTMENTS CORP  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1065 94TH ST #104  
BAY HARBOR ISLANDS, FL 33154

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: 1 (ONE)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GUSTAVO FLORES- PRESIDENT  
Address: 1065 94TH ST #104  
BAY HARBOR, FL 33154

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: GUSTAVO FLORES  
Address: 1065 94TH ST #104  
BAY HARBOR ISLANDS, FL 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GUSTAVO FLORES  
Address: 1065 94TH ST #104  
BAY HARBOR, FL 33154

*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*

G. Flores

Required Signature/Registered Agent

10/14/2010

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.*

G. Flores

Required Signature/Incorporator

10/14/2010

Date

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2010 OCT 19 A 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA