P11000032437

(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



700199481437

03/30/11--01035--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 30 PM 3: 5

SC

COVER LETTER

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

SUBJECT: R M RIMPEL AUTO REPAIR, INC.						
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: MARCEL RIMPEL Name	(Printed or typed)					
5101 NW 7TH AVENUE						
	Address					
MIAMI, FL 33127 City,	State & Zip					
786 488 7908 Daytime Te	State & Zip CR HAR HAR					
·	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)

The name of the corp	R M RIMPEL, INC.		
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	01 NW 7TH AVENUE		
Mi	AMI, FL 33127		
•			
ARTICLE III P	URPOSE		
	ch the corporation is organized is:		
PROFIT CORF			
		1	
ARTICLE IV S	HARES		
The number of shares			
	NITIAL OFFICERS AND/OR DIRECTO		
	MARCEL RIMPEL PRESIDENT		
Address:	5101 NW 7TH AVENUE		· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33127	· ·	
			
Name and Title	i:		
Address:		Address:	
Name and Title	:	Name and Title:	
Address:			
ADTICLE III D	ECICAEDED ACENT		
	<u>EGISTERED AGENT</u> la street address (P.O. Box NOT acceptable) c	of the registered agent is:	
Name:	JEAN M DESIRE	of the registered agent is.	7¥ 20
Address:	17136 SW 143RD PLACE	_	F.B. ==
1144.400.	MIAMI, FL 33177	_	ARE TAR
	,		S C POTENTIAL
ARTICLE VII II			SER O
 -	ss of the Incorporator is:		TO P IT
Name: Address:	MARCEL RIMPEL	_	רינה וריין
Addiess.	5101 NW 7TH AVENUE MIAMI, FL 33177	_	
	WIN WILL SO IT	_	클루 성
	as registered agent to accept service of proce.		
this certificate, I am f	amilian with and accept the appointment as re	gistered agent and agree to a	ct in this capacity
//			2 10
	Tuff	 	3-19-11 Date
- V	Required Signature/Registered Agent		Date
			,
	nt and affirm that the facts stated herein are artment of State co nstit utes a third degree felor		
иоситет по те рера	ameni of since consumes a unita degree fetor	iy us provincu jor in s.o. 17.13	ه الله الله الله الله الله الله الله ال
			7 19 11
	Required Signature Incorporator		3-19-11 Date