

P12000034678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

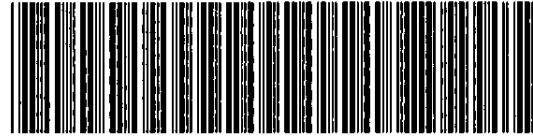
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/12--01022--006 **87.50

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12 APR 10 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/11/12

COVER LETTER

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

SUBJECT: **REILLO, 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

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

FROM: **MTA OF OVIEDO FINANCIAL SERVICES, INC.**

Name (Printed or typed)

2572 WEST SR 426 SUITE 1072

Address

OVIEDO, FLORIDA

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@ AOL.COM

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

REILLO, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7931 SW 164TH AVENUE
MIAMI, FL 33130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO CONDUCT LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is 200 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE REILLO, PRESIDENT
Address: 7931 SW 164TH AVENUE
MIAMI, FL 33130

Name and Title: _____
Address: _____

Name and Title: ALTAGRACIA REILLO, SECRETARY
Address: 7931 SW 164TH AVENUE
MIAMI, FL 33130

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

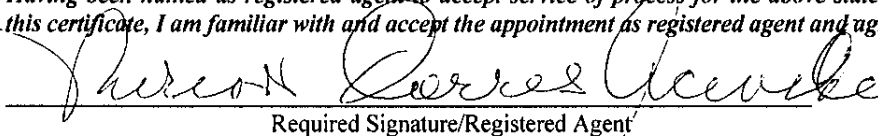
Name: MTA OF OVIEDO FINANCIAL SERVICES, INC
Address: 2572 WEST SR 426 SUITE 1072
OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE REILLO
Address: 7831 SW 164TH AVENUE
MIAMI, FL 33130

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


Required Signature/Registered Agent

04/04/12
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.


Required Signature/Incorporator

04/04/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA