

P12000036249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

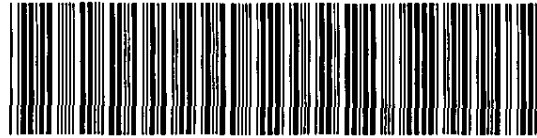
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
4/18/12

## COVER LETTER

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

**SUBJECT: REAPER SPECIAL SERVICES, 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: LUCAS O. DELGADO**

Name (Printed or typed)

**555 NE 34 Street # 1210**

Address

**Miami, FL 33137**

City, State & Zip

**786-712-2610**

Daytime Telephone number

**lucasedelgado966@yahoo.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**

The name of the corporation shall be:

**REAPER SPECIAL SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

555 NE 34 Street # 1210

Miami, FL 33137

Mailing address, if different is:

c/o Maritza Delgado

PO Box 22-7096

Miami, FL 33222

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
general services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Lucas O. Delgado, P/V/P/S/T/D

Address: 555 NE 34 St. # 1210

Miami, FL 33137

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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: Maritza Lopez

Address: 555 NE 34 Street # 1210

Miami, FL 33137

**ARTICLE VII INCORPORATOR**

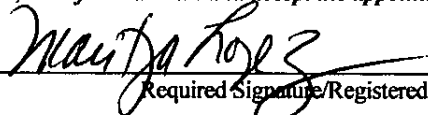
The name and address of the Incorporator is:

Name: Lucas O. Delgado

Address: 555 NE 34 Street # 1210

Miami, FL 33137

*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*

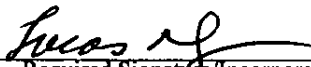


Required Signature/Registered Agent

April 12, 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.*



Required Signature/Incorporator

April 12, 2010

Date

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