

P/2000101840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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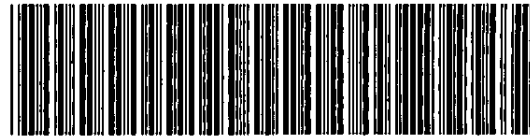
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/14/12

COVER LETTER

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

SUBJECT: Rubens Fig 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: Rubens De Figueiredo

Name (Printed or typed)

10939 Bal Harbor Drive

Address

Boca Raton, Florida 33498

City, State & Zip

561 283-5746

Daytime Telephone number

rubens@figueiredo.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: **Rubens Fig Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
10939 Bal Harbor Drive
Boca Raton,
Florida 33498

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consultant Services

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rubens De Figueiredo
Address: 10939 Bal Harbor Drive
Boca Raton, Florida 33498

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: Chartered Accountants, Inc.
Address: 2225 Three Rivers Drive
Orlando, Florida 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: P. Storey
Address: 2225 Three Rivers Drive
Orlando, Florida 32828

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Philip Storey
PHILIP STOREY

12/10/2012

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

Philip Storey
PHILIP STOREY

12/10/2012

Date