

P13000035588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

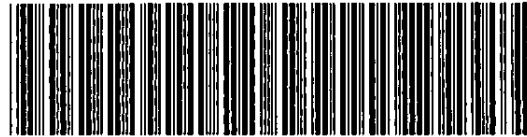
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

3/28  
W23-18133 8

## COVER LETTER

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

**SUBJECT:** David and Ruth Distribution and Services, LLC 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      ☐ \$78.75  
Filing Fee      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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** David Pena  
Name (Printed or typed)

13880 SW 65 Terrace  
Address

Miami, FL 33183  
City, State & Zip

786-356-7051  
Daytime Telephone number

Davidruthkathy@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2013

DAVID PENA  
13880 SW 65 TERR  
MIAMI, FL 33183

SUBJECT: DAVID AND RUTH DISTRIBUTION AND SERVICES, LLC CORP.  
Ref. Number: W13000018133

We have received your document for DAVID AND RUTH DISTRIBUTION AND SERVICES, LLC CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the LLC from the name of your corporation.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 413A00007390

**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: David and Ruth Distribution and Services, Corp.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

David Peña

Mailing address, if different is:

13880 SW 65 Terrace

Miami, FL 33183

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: for distribution and other services

**ARTICLE IV    SHARES**

The number of shares of stock is: one

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

Name and Title: David Peña, President

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

Address 13880 SW 65 Terrace

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

Miami, FL 33183

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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

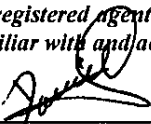
Name: David Peña  
Address: 13880 SW 65 Terrace  
Miami, FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Peña  
Address: 13880 SW 65 Terrace  
Miami, FL 33183

*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*

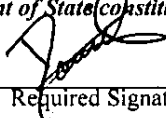


\_\_\_\_\_  
Required Signature/Registered Agent

03/09/13.

\_\_\_\_\_  
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

03/09/13.

\_\_\_\_\_  
Date

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