

P14 DDDDD 18853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

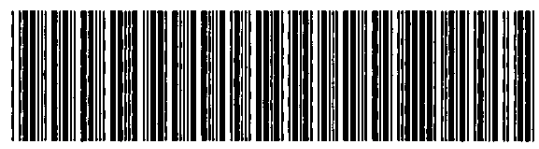
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B2/28/14



400256908804

02/24/14--01050--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 2:50

COVER LETTER

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

SUBJECT: **REYMARRE 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **REYMARRE CORP**

Name (Printed or typed)

821 NW 32 CORP

Address

MIAMI, FLORIDA 33125

City, State & Zip

305-600-7742

Daytime Telephone number

SVILLATE@HOTMAIL.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: REYMARRE CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

821 NW 32 CT

Mailing address, if different is:

821 NW 32 CORP

Miami, FL 33125

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO OPEN A NEW BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 PM 2:50

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMON MARRERO

Name and Title: PRESIDENT, TREASURER & SECRETARY

Address: 821 NW 32 CT

Address: 821 MW 32 CT

MIAMI, FL 33125

MIAMI, FL

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: RAMON MARRERO PRESIDENT

Name and Title: _____

Address 821 NW 32 CT

Address: _____

MIAMI, FL 33125

ARTICLE VI REGISTERED AGENT

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

Name: RAMON MARRERO

Address: 821 NW 32 CT

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAMON MARRERO

Address: 821 NW 32 CT MIAMI, FL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 26 PM 2:50

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

x 
Required Signature/Registered Agent

2-20-2014

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.

i 
Required Signature/Incorporator

02-20-2014

Date