P14-000073049

(Requestor's Name)		
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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ECRETARY OF STATE
ALLAHASSEEL FLORDA

T 09/03/14

W14-49945



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2014

SHEILA HENAO 6085 WEDGEWOOD VILLAGE CIR. LAKE WORTH, FL 33463

SUBJECT: RABBIT RUNS CORP. Ref. Number: W14000049945

We have received your document for RABBIT RUNS CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000006162 (RABBIT RUN, LLC).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 614A00017535

(B).

COVER LETTER

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

SUBJECT: RAB	BIT RUNS COF	RP.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an origin	nal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM: S	HEILA HENAO	e (Printed or typed)	
60	85 WEDGEWO		CIR
-		Address	
LA	KE WORTH, FL		
(7:	54) 366-1416	State & Zip	
	·	Telephone number	
rat	obitrunscorp@gma E-mail address: (to be use	II.COM ed 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)

The name of the corporat		ORP. T	he Alpha I	<u>K</u> un
	VCIPAL OFFICE Principal street address WOOD VILLAGE CIR		Mailing address, if different is	:
LAKE WORTH				
LAIL WOITH	1,1 1, 30400			······
ADDICE HE DED	DOGE.	· · · · · · · · · · · · · · · · · · ·		-
The purpose for which the	POSE ne corporation is organized is: IMPOR	T, EXPOF	RT AND LOGISTIC	CS
	,			
			1 S 2	
		<u>.</u>	SEP CRETI	
			SS.	
ARTICLE IV SHA The number of shares of	RES		AH II: 22 OF STATE ELFLORIDA	
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	soffice,	Andrea Henry Birely (6	-
Name and Title	Onelia Heriao, Warteding Mariager	Name and Title	:	·
Address	6085 Wedgewood Village Cir	Address:	6085 Wedgewood Vil	lage Cir
	Lake Worth, FL		Lake Worth, FL	
	33463		33463	
Name and Title:		Name and Title	:	
Address				
		•		
Name and Title:		Name and Title	:	
Address		Address:		

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of SHEILA HENAO 6085 WEDGEWOOD VILLAGE CIR LAKE WORTH, FL 33463	FILE SECRETARY OF TALLAHASSER,
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	RIDA
Name:	SHEILA HENAO	2
Address:	6085 WEDGEWOOD VILLAGE CIR	
	LAKE WORTH, FL 33463	
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
1/3/	7//////	8/6/2014
THE	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
1/1////		8/6/2014
4 111 11 0		U. U. II .