

P14000073268

(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

B 9/4/14



500263677845

08/29/14--01028--012 **70.00

RECEIVED
DIVISION OF REVENUE
AUG 29 AM 11:02

COVER LETTER

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

SUBJECT: Reuse Reduce Recycle MB, 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 ☐ \$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: Giuseppe Allouche

Name (Printed or typed)

171 SE 10th Avenue

Address

Hialeah, FL 33010

City, State & Zip

786-715-9559

Daytime Telephone number

reusereducerecycleusa@gmail.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:

Reuse Reduce Recycle MB, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

171 SE 10th Avenue

Hialeah, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Rose-Japhnee Pierre (President)**

Name and Title:

Address

**171 SE 10th Avenue
Hialeah, FL 33010**

Address:

Name and Title: **Giuseppe Allouche (V.President)**

Name and Title:

Address

**171 SE 10th Avenue
Hialeah, FL 33010**

Address:

Name and Title:

Name and Title:

Address

Address:

RECEIVED
DIVISION OF REVENUE
17 AUG 29 AM 11:02

(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: Giuseppe Allouche

Address: 171 SE 10th Avenue

Hialeah, FL 33010

14 AUG 29 AM 11:02
REGISTERED AGENT
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Giuseppe Allouche

Address: 171 SE 10th Avenue

Hialeah, FL 33010

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

8/27/2014

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.



Required Signature/Incorporator

8/27/2014

Date