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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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EFFECTIVE DATE  
OCT 19, 2015

## COVER LETTER

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

**SUBJECT:** RINCON PROGRESENO MARKET PLACE 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:** MARGARITA GONZALEZ DE PEGUERO

Name (Printed or typed)

2900 N 26TH AVE UNIT 508

Address

HOLLYWOOD FL 33020

City, State & Zip

305-469-2498

Daytime Telephone number

MARIVAN1331@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: RINCON PROGRESENO MARKET PLACE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2148 NW 17TH AVE UNIT 7

MIAMI FLORIDA 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SELL OF FOOD AND BEVERAGES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: NORA G BUESO, PRESIDENT

Name and Title: PEDRO AVILA, VICEPRESIDENT

Address 12440 SW 185 TERR

Address: 12440 SW 185 TERR

MIAMI FL 33177

MIAMI FL 33177

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: NORA G BUESO

Address: 12440 SW 185 TERR

MIAMI FL 33177

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: NORA G BUESO

Address: 12440 SW 185 TERR

MIAMI FL 33177

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: OCTOBER 19, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Nora Bueso*  
Required Signature/Registered Agent

10/19/2015  
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.*

*Nora Bueso*  
Required Signature/Incorporator

10/19/2015  
Date