**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000290951 3)))



H150002909513ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION RUBIV GIL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	63
Estimated Charge	\$78.75

Corporate Filing Menu

Help

2/20/2033 06:38	. #2748 P.002/003
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	5000290951
ARTICLE I NAME: The name of the corporation is:	
Rubiv Gil, inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  4540 NW 114th ave Doral F1 33	178
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Rubiv Gleste Gil Sanchez - (P)	
Manuel E. Ramírez - (VP)	<u>'                                    </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address (PO Box not acceptable) of the registered	i agent is:
Rubiv Celeste Gil sor	ichez e
4540 hw 114th ave Done	AL FLE
3 3 178	
ARTICLE VI INCORPORATOR: The name and address of the Incorp	orator is:
Rubiv Celeste Gil Sant	hez
4540 nw 114th ave	<u> </u>
Doral FL, 33178	
H 1 5 0 0 0 2	290951s

## Required Signatures:

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 this capacity

Registered Agent 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.

Incorporator

Date