

P/600000421

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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## COVER LETTER

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

SUBJECT RODOLFO'S ENTERPRISES COMPANY  
(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: RODOLFO'S ENTERPRISES COMPANY  
Name (Printed or typed)

1050 LAKE MCGREGOR DRIVE #6735  
Address

FORT MYERS, FL 33919  
City, State & Zip

(239) 297-0063  
Daytime Telephone number

MAGAFER24@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: RODOLFO'S ENTERPRISES COMPANY

**ARTICLE II PRINCIPAL OFFICE**

Principal street address DRIVE

Mailing address, if different is:

1050 LAKE MCGREGOR #6735

FORT MYERS, FL 33919

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CUSTOMER SUPPORT  
PROVIDER

EFFECTIVE DATE: 11/15/15

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: MARTIN GALLARDO Name and Title: \_\_\_\_\_

Address OWNER/PRESIDENT Address: \_\_\_\_\_

1050 LAKE MCGREGOR DR #6735

FORT MYERS, FL 33919

Name and Title: MARY K MORAN Name and Title: \_\_\_\_\_

Address 8695 COLLEGE PKWY Address: \_\_\_\_\_

FORT MYERS, FL 33919

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

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

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(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: MARTIN GALLARDO  
Address: 1050 LAKE MCGREGOR DR #6735  
FORT MYERS, FL 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARTIN GALLARDO  
Address: 1050 LAKE MCGREGOR DR #6735  
FORT MYERS, FL 33919

*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  
10/23/15  
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  
10/23/15  
Date

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