

12/30/2033

P. 33 P. 02/005

P160000/5895

Division of Corporations
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((H16000041061 3)))



H160000410613ABCT

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
RUBY 1104 INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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FLORIDA

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#5033 P.001/005



February 18, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: RUBY 1104 INC
REF: W16000012221

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P14000002333.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

FAX Aud. #: E16000041061
Letter Number: 716A00003383

P.O. BOX 6327 - Tallahassee, Florida 32314

12/30/2033 05:23

#5033 P.003/005

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of RUBY 1104 INC of Doc # P40000002333 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

IVAN ORTEGA

H16000041061

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME RUBY 1104 INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

605 W 29 ST

605 W 29 ST

HIALEAH, FL 33012

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: START NEW BUSINESS AS A CONVENIENCE STORE

ARTICLE IV SHARES 100 SHARES @ 1.00 PER SHARE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: IVAN ORTEGA, PRESIDENTName and Title: LEONARDO A. BIZAMON, VPAddress 605 W 29 STAddress: 605 W 29 STHIALEAH, FL 33012HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

H16000041061

16 FEB 18 PM 1:01
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12/30/2033 05:24

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#5033 P.005/005

16 FEB 18 PM 11:50 0004 1061

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: IVAN ORTEGA

Address: 605 W 29 ST

HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IVAN ORTEGA

Address: 605 W 29 ST

HIALEAH, FL 33012

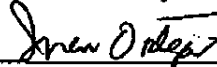
ARTICLE VIII EFFECTIVE DATE: 02/17/2016

Effective date, if other than the date of filing: _____ (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

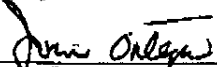


Required Signature/Registered Agent

02/16/2016

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

02/16/2016

Date

H16000041061