

P16000100753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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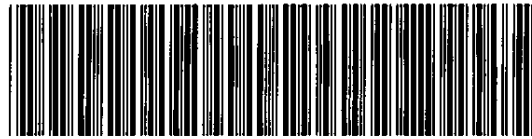
(Business Entity Name)

(Document Number)

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16 DEC 23 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2016 12/23/16

## COVER LETTER

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

**SUBJECT:** RCL Sales Associates, 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:** Reuben Lebhar  
\_\_\_\_\_  
Name (Printed or typed)  
  
2778 NE 187th St. #528  
\_\_\_\_\_  
Address  
  
Aventura, FL 33180  
\_\_\_\_\_  
City, State & Zip  
  
917-364-2748  
\_\_\_\_\_  
Daytime Telephone number  
  
robby.lebhar@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

To whom it may concern,

Please be advised that I, Reuben Lebhar release the name RCL Sales Associates, Inc. Document #P14000069517 to be used.

Ive enclosed an application to incorporate the same name and would like the EIN to remain the same.

Thank you



12/16/16

**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: RCL Sales Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:  
2775 NE 187th St. #528  
Aventura, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sales company

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Reuben Lebhar, President Name and Title: \_\_\_\_\_

Address 2775 NE 187th St. #528 Address: \_\_\_\_\_

Aventura, FL 33180

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

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

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

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

16 DEC 23 AM 11:59  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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: Reuben Lebhar \_\_\_\_\_

Address: 2775 NE 187th St. #528 \_\_\_\_\_

Aventura, FL 33180 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Reuben Lebhar \_\_\_\_\_

Address: 2775 NE 187th St. 528 \_\_\_\_\_

Aventura, FL 33180 \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2017 (OPTIONAL)

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

12/16/16  
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

12/16/16  
Date