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## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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**  
**R.F SLIDING DOORS CORP**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**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: R. F SLIDING DOORS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2620 NE 188 ST  
AVENTURA FL 33180

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RUBEN SANTANA

Address: 1009 NW 128 PL  
MIAMI, FL 33182

Name and Title: FEDERICO PAPALE SCHWARTZ

Address: 3000 NE 188 ST. #501  
AVENTURA FL 33180

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

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

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

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

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

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

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

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

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: FEDERICO PAPA LE SCHWARTZ  
Address: 3000 NE 188 ST AVENTURA FL  
33180 #501

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RUBEN SANTANA  
Address: 1009 NW 128 PL  
MIAMI, FL 33182

**ARTICLE VIII EFFECTIVE DATE:**

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 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

8/30/17  
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

8-30-17  
Date