

P18000046744

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

Office Use Only

W1800044386

MAY 22 2018

T. SCOTT



800313025268

05/07/18--01031--014 **78.75

FILED
2018 MAY 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

RBT PROFESSIONAL, CORP.
358 EAST 15 ST
HIALEAH, FL 33010

SUBJECT: RBT PROFESSIONAL, CORP
Ref. Number: W18000044386

We have received your document for RBT PROFESSIONAL, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 518A00009852

COVER LETTER

RECEIVED
2018 MAY 21 PM 1:46
BUREAU OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

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

SUBJECT: RBT PROFESSIONAL CORP

(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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: KEILYN FERNANDEZ ZALDIVAR

Name (Printed or typed)

358 EAST 15 ST

Address

HIALEAH FL 33010

City, State & Zip

561-386-8332

Daytime Telephone number

KEILYNFERNANDEZ@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 RBT PROFESSIONAL CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
KEILYN FERNANDEZ ZALDIVAR

358 EAST 15 ST

HIALEAH FL 33010

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINES IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEILYN FERNANDEZ ZALDIVAR

Address 358 EAST 15 ST

HIALEAH FL 33010

Name and Title: PRESIDENT

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2018 MAY 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: KEILYN FERNANDEZ ZALDIVAR
Address: 358 EAST 15 ST
HIALEAH FL 33010

ARTICLE VII INCORPORATOR

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

Name: KEILYN FERNANDEZ ZALDIVAR
Address: 358 EAST 15 ST
HIALEAH FL 33010

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
05/14/2018
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
05/14/2018
Date