

Florida Department of State

Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

CHABELLY RUBI, P.A.

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

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CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

6/28/18 - RK

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Electronic Filing Menu

Corporate Filing Menu

Help

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: Chabelly Rubi, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8942 NW 112 St
Hialeah Gardens, FL 33018

11031 SW 46 St
Miami, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Practice as Real Estate Associate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chabelly Rubi (P/S/D) Name and Title: _____

Address: 8942 NW 112 ST Address: _____
Hialeah gardens, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Chabellie Rubi
Address: 8942 NW 112 ST.
Hialeah Gardens, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chabellie Rubi
Address: 8942 NW 112 ST.
Hialeah gardens, FL 33018

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

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 of Incorporator

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 27 AM 9:03
ST. JAMES OF THE
ALLIANCE SE. FLORIDA
6/9
6/9
Information submitted in a