

P1800007S146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

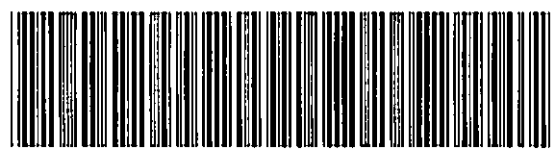
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

SEP 06 2018
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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: REIMY PRODUCE INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

REYNALDY ANICO

Contact Person

Firm/Company

321 E POCAHONTAS AVE

Address

TAMPA, FL 33604

City, State and Zip Code

REIMYPRODUCE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALDY ANICO

at (813) 953-0543

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

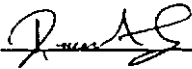
Signed this 18TH day of AUGUST, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: REYNALDY ANCIO

Printed Name: REYNALDY ANCIO Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature:  _____

Printed Name: REYNALDY ANCIO Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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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: REIMY PRODUCE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
321 E POCAHONTAS AVE
TAMPA, FL 33604

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REYNALDY R ANCIO
Address: 321 E POCAHONTAS AVE
TAMPA, FL 33604

Name and Title: PRESIDENT
Address: _____

Name and Title: TAMAR LEON
Address: 321 E POCAHONTAS AVE
TAMPA, FL 33604

Name and Title: VICE PRESIDENT
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

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

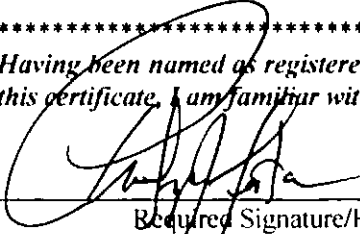
Name: PHILIP J TESTA
Address: 6604 GUNN HWY
TAMPA, FL 33625

ARTICLE VII INCORPORATOR

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

Name: REYNALDY R ANCIO
Address: 321 E POCAHONTAS
TAMPA, FL 33604

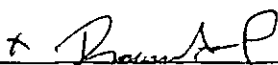
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/16/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

8/16/18
Date

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