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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 : PEDRO LUZQUINES
Account Number : T20170000042
Phone : (954)655-8413
Fax Number : (954)432-6807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOC@HOTMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
RIF SERVICES OF SOUTH FLORIDA INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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COVER LETTER

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

SUBJECT: RJF SERVICES OF SOUTH FLORIDA 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
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: YASMANY MENDEZ

Name (Printed or typed)

6515 W 24TH ST

Address

HIATFEAH, FL 33016

City, State & Zip

786-961-5099

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

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

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: RJF SERVICES OF SOUTH FLORIDA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
6515 W 24TH ST HIALEAH, FL 33016Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

_____**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YASMANY MENDEZ (P)

Name and Title: _____

Address: 6515 W 24TH ST HIALEAH, FL 33016Address: _____

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

Name: YASMANY MENDEZ
Address: 6515 W 24TH ST HIALEAH, FL 33016

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: YASMANY MENDEZ
Address: 6515 W 24TH ST HIALEAH, FL 33016

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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

05-06-2019

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

05-06-2019

Date

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