

(((H190002977543)))



To:			
	Division of Corporations		
	Fax Number	: (850)617-6381	
From:			
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number	: 120000000145	
	Phone	: (305)444-4994	
	Fax Number	: (305)444-4977	
	the email addres:		

FLORIDA PROFIT/NON PROFIT CORPORATION RALEK CORP

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October 8, 2019

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: RALEK CORP REF: W19000089348

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

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return 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.

Keyna E Page Regulatory Specialist II

FAX Aud. #: H19000297754 Letter Number: 719A00020604

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

ARTICLE I NAME The name of the corporate	RALEK CORP		
ARTICLE II PRIN			s, if different is:
7921 WEST DR APT	· · · · · · · · · · · · · · · · · · ·	*+*.	
NORTH BAY VILLA			
	OSE the corporation is organized is: ANY ANI	O ALL LAWFUL BUSINESS	
			2010
			_ <u>`</u> ` ` .
			, · · · · ·
ARTICLE IV SHAR The number of shares of	<u>WES</u> 100 f stock is:	·	#11:54
ARTICLE V INITE	AL OFFICERS AND/OR DIRECTORS		
Name and Titl	Siolikarina Pernia Labrador (P)	Name and Title:	
Address	7921 WEST DR APT 6		
	NORTH BAY VILLAGE, FL 33141		
	-Fredrick		
Nume and Tab	Ricardo Astudillo Pineda (V/P)	Nama and Title	
Address	7921 WEST DR APT 6	Name and Title: Address:	
. 10014.52	NORTH BAY VILLAGE, FL 33141		
Name and Title:		Name and Title:	
Address		Address:	**************************************
		<u> </u>	

Name	and Title:Name	Name and Title:	
Addro	Addre		
<u>aRTICLE VT</u>	REGISTERED AGENT		
he <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:	
lame:	Siotikarina Pernia Labrador	·	
Address:	7921 WEST DR APT 6		
	NORTH BAY VILLAGE, FL 33141		
RTICLE VII	INCORPORATOR		
te nume and c	address of the Incorporator is:		
Name:	Siolikarina Perpia Labrador		
	7921 WEST DR APT 6		
Address:	NORTH BAY VILLAGE, FL 33141		
ifective date. i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot be mo	(OPTIONAL) re than five days prior or 90 days after the	
e document's e	e inserted in this block does not meet the applicable statutor, effective date on the Department of State's records. med as registered agent to accept service of process for the		
	am familiar with and accept the appointment as registered to		
	(and	10/02/2019	
	Required Signature/Registered Agent	Date	
ubmit this doc	nument and affirm that the facts stated herein are true. I c Department of State constitutes a third degree felony as pro	im aware that the false information submitted in a vided for in s.817,158, F.S.	
		10/02/2019	
Requi	red Signature/Incorporator	Date	