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Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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FLORIDA PROFIT/NON PROFIT CORPORATION
RINCO LATINO DOMINICANO, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$78.75

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COVER LETTER

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

SUBJECT: RINCON LATINO DOMINICANO, 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: RINCON LATINO DOMINICANO, INC
Name (Printed or typed)

1875 WINKLER AVE
Address

FORT MYERS, FL 33901
City, State & Zip

239-848-9062
Daytime Telephone number

JENNYLUNA@ICLOUD.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 NAME
The name of the corporation shall be: RINCON LATINO DOMINICANO, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2467 WINKLER AVE
FORT MYRES, FL 33901

Mailing address, if different is:
1875 WINKLER AVE
FORT MYERS, FL 33901

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

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ULTIMINA L. MORALES/PRES
Address: 1875 WINKLER AVE
FORT MYERS, FL 33901

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: ULTIMINA L. MORALES

Address: 1875 WINKLER AVE

FORT MYERS, FL 33901

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ULTIMINA L.MORALES

Address: 1875 WINKLER AVE

FORT MYERS, FL 33901

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

_____ 10/24/2019

Required Signature/Registered Agent 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.

_____ 10/24/2019

Required Signature/Incorporator Date

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