Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone

: (305)603-8791

Fax Number : (877)503-6086

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

Email	Address:				

FLORIDA PROFIT/NON PROFIT CORPORATION REYES BILLING SOLUTIONS CORP

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

ARTICLE I NAME The name of the corporati	on shall be: REYES BILLING So	OLUTIONS CORP	
ARTICLE II PRINC			ress, if different is:
1261 SE 28TH CT UNIT	Г 102		
HOMESTEAD, FL 3303	25		
ARTICLE III PURPO The purpose for which the	SE te corporation is organized is:		
ANY AND ALL LAW	FUL PURPOSES		
			2020
			<u> </u>
			ASST T
·			70 B FI
ARTICLE IV SHARE The number of shares of s			Light Control of the
ARTICLE V INITIA	L OFFICERS <u>AND/O</u> R DIRECTORS		
Name and Title	RACHELI REYES-P	Name and Title:	
Address	1261 SE 28TH CT UNIT 102	Address:	
	HOMESTEAD, FL 33035		
		<u> </u>	
Name and Title:		Name and Title:	
Address			
N 1 Th		N. 1971.1	
			
Address		Address:	
			

t Fanjul Y Fax: 187	75036086	To:	Fax: (850) 617-6381	Page: 3 of 3	04/14	/2020 10:	12 AM
Name an	d Title:		Name and Title:				
Address			Address:				
					<u></u>		
ARTICLE VI The name and F			acceptable) of the registered agent is	::	SECRET	2828 APR	1
Name:	RACHELLI	REYES			188 188	~ F	
Address:	1261 SE 28	THICT UNIT 102			th C	M	П
	HOMESTE	AD, FL 33035			(1	1 10: 5	
ARTICLE VII	<u>INCORPORA</u>	<u>TOR</u>			7.	S	
The name and a	ddress of the In	corporator is:					
Name:	RACH	ELI REYES	 				
Address:	1261 S	E 28TH CT UNIT 102					
	НОМЕ	STEAD, FL 33035					
ARTICLE VIII. Effective date, ((If an effective filing.)	if other than the	date of filing:	. (OPTIC ific and cannot be more than five (ONAL) days prior or 90	dnys afte	er the	
Note: If the dat	te inserted in th	is block does not meet in the Department of S	the applicable statutory filing requi	rements, this date	will not	be listed	i as

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 \$817.155, F.S.