

P20000037353

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : JTAX CORP
Account Number : I20200000009
Phone : (954)544-1000
Fax Number : (954)678-4500

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

Email Address: hello@jtaxcorp.com

FLORIDA PROFIT/NON PROFIT CORPORATION
RL ESTRUCTURAL CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

URGENT FAX MESSAGE!

To: RL ESTRUCTURAL CORP

From: Andrea Russo

Phone

Phone (954) 554-1000 * 102

Fax (850) 617-6381

Fax 19546784500

Date 05/21/2020

Pages: 4

Note:

Please process this company filing with the date of 05/14/2020, as there was an issue with your fax when I originally submitted the articles for processing.

RL ESTRUCTURAL CORP

H200001437133

Thank you in advance.

URGENT FAX MESSAGE!

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: RL ESTRUCTURAL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2200 TAYLOR ST UNIT 104HOLLYWOOD FL 33020

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANIEL CASTILLO PRESIDENT Name and Title: _____Address 2200 TAYLOR ST APT 104
HOLLYWOOD FL 33020

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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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: JTAX CORP _____

Address: 23123 STATE RD 7 STE 315
BOCA RATON FL 33428
_____**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JTAX CORP _____

Address: 23123 STATE RD 7 STE 315
BOCA RATON FL 33428
_____FILED
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SECRETARY OF STATE
TALLAHASSEE, FL**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

05/14/2020

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

Date 05/14/2020