P20000048449

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000207332 3)))

H200002073323ABCT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION

RUNJABEL CARS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

JUL 06 2020
T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

H20000207332 3

COVER LETTER

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

SUBJECT: RUNJABEL CARS CORP
(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: RUBEN J. SANCHEZ PINEDA
Name (Printed or typed)

8145 NW 7th ST APT 122
Address

MIAMI, FL 33126
City, State & Zip

(786) 203-0263
Daytime Telephone number

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

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

H20000207332 3

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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: RUNJABEL CARS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

8145 NW 7th ST APT 122

MIAMI, FL 33126

Mailing address, if different is:

SAME ADRESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN J. SANCHEZ PINEDA, P

Address: 8145 NW 7th ST APT 122
MIAMI, FL 33126

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

H20000207332 3

H20000307332 3

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: RUBEN J. SANCHEZ PINEDA

Address: 8145 NW 7th ST APT 122

MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RUBEN J. SANCHEZ PINEDA

Address: 8145 NW 7th ST APT 122

MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/02/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

_____ 07/02/2020

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.

_____ 07/02/2020

Required Signature/Incorporator Date

P20000048450

Florida Department of State
Division of Corporations
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H20000207481 3ABCY

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2020 JUL -2 PM 4:52

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
ISABELA'S LATIN FOOD CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

JUL 06 2020

T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ISABELA'S LATIN FOOD CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1742 NW 1ST PLACE MIAMI FL 33136

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Adilia Galindo Mejia (P)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Adilia Galindo Mejia

1742 NW 1ST PLACE MIAMI FL. 33136

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Adilia Galindo Mejia

1742 NW 1ST PLACE MIAMI FL. 33136

Required Signatures:

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

Registered Agent 07/02/20
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.

Incorporator 07/02/20
Date