

9/9/2020

P20000069379

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MABEL RODRIGUEZ ROBERT CORP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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D. O'KEEFE

SEP 11 2020

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

ARTICLE I NAMEThe name of the corporation shall be: MABEL RODRIGUEZ ROBERT CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

528 NW 8TH STMIAMI, FL 33136**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: MABEL RODRIGUEZ ROBERT (P)

Name and Title: _____

Address 528 NW 8TH ST

Address: _____

MIAMI, FL 33136

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

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: MABEL RODRIGUEZ ROBERT
Address: 528 NW 8TH ST
MIAMI, FL 33136

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MABEL RODRIGUEZ ROBERT
Address: 528 NW 8TH ST
MIAMI, FL 33136

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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

/s/ Mabel Rodriguez Robert
Required Signature/Registered Agent

9/8/2020
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.

/s/ Mabel Rodriguez Robert
Required Signature/Incorporator

9/8/2020
Date