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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
REMEOCCI INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: REMEOCCI 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: RAFAEL ANGEL ANDRADE ARAUJO

Name (Printed or typed)

3012 SANTA BARBARA BLVD

Address

CAPE DORAL, FL 33914

City, State & Zip

239-7382051

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.

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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: REMEOCCI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3012 SANTA BARBARA BLVD

3012 SANTA BARBARA BLVD

CAPE DORAL, FL 33914

CAPE DORAL, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: VICE-PRESIDENT

Address: RAFAEL ANGEL ANDRADE ARAUJO

Address: EFRANNIS ABELINA BORJA SUAREZ

3012 SANTA BARBARA BLVD

3012 SANTA BARBARA BLVD

CAPE DORAL, FL 33914

CAPE DORAL, FL 33914

Name and Title: DIRECTOR

Name and Title:

Address: JORGE ELIAS LEONETT SUAREZ

Address:

3012 SANTA BARBARA BLVD

CAPE DORAL, FL 33914

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FLORIDA

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H 200003284703

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: JORGE ELIAS LEONETT SUAREZ

Address: 3012 SANTA BARBARA BLVD

CAPE DORAL, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE ELIAS LEONETT SUAREZ

Address: 3012 SANTA BARBARA BLVD

CAPE DORAL, FL 33914

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

Jorge Lo
Required Signature/Registered Agent

9/21/2020
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.

Jorge Lo
Required Signature/Incorporator

9/21/2020
Date

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