

P20000074278

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200003318303)))



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

From:
Account Name : TRAMILEX LLC
Account Number : 120150000086
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RL CHARITY CORP

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

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

20 SEP 23 PM 9:17

FILED

SEP 21 2020

H2000033/8303

COVER LETTER

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

SUBJECT: RL CHARITY 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:** RICARDO RODRIGUEZ

Name (Printed or typed)

8899 NW 107th CT #219

Address

MIAMI, FL 33178

City, State & Zip

(786) 630-2509

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.

H2000033/8303

H20000331830 3

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 CHARITY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8899 NW 107th CT #219MIAMI, FL 33178

Mailing address, if different is:

SAME**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: RICARDO RODRIGUEZ, PAddress: 8899 NW 107th CT #219MIAMI, FL 33178

Name and Title: _____

Address: _____

Name and Title: LISANDRO ALFONZO, VPAddress: 8899 NW 107th CT #219MIAMI, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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H20000331830 3

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: RICARDO RODRIGUEZ
Address: 8899 NW 107th CT #219
MIAMI, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RICARDO RODRIGUEZ
Address: 8899 NW 107th CT #219
MIAMI, FL 33178

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/23/2020 (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

<u>RR</u>	09/23/2020
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.

<u>RR</u>	09/23/2020
Required Signature/Incorporator	Date

H20000331830 3