

P2000000.86898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

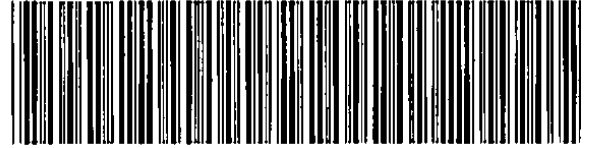
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200352470202

09/29/20--01025--004 **\$7.50

SEP 29 PM 1:19

Lucy 11/20/20

COVER LETTER

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

SUBJECT: RBV LAB 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RENÉE VALERIE BOROCHOFF
Name (Printed or typed)

401 - 95TH ST
Address

SUNFISH T-L, 33154
City, State & Zip

305-968-8287
Daytime Telephone number

VALERIEBOROCHOFF AT YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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: RBV LAB CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401-95TH ST SURFSIDE FL,
33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL JEWELRY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P RENNE VALERIE BORCHERT Name and Title:

Address 401-95TH ST Address:
SURFSIDE FL 33154

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2019 SEP 29 PM 1:19
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: RENEE VALERIE BORUCHOFF
Address: 401-95TH ST
SUNFISH FL, 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~RENEE~~ RENEE VALERIE BORUCHOFF
Address: 401-95TH ST
SUNFISH FL, 33154

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/24/2020 (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.)

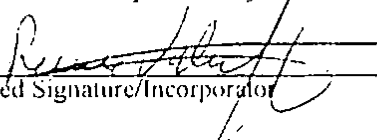
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/24/2020
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

9/24/2020
Date