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	•
(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
☐ PICK-UP ☐ WAIT ☐ MAIL	1
(Business Entity Name)	<u>,</u>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	,
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

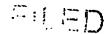
R Lee Construction 1 Inc	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
•	Vehicle Search
	Driving Record
Requested by: SETH 04/15/21	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT:	BJECT: R LEE CONSTRUCTION 1 INC				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		G & TAX SERVICES I	LLC		
	12701 S JOHN YC	OUNG PKWY STE 215	,		
		Address			
		O, FL 32837			
	City,	State & Zip			
		641-0810			
	Daytime T	elephone number			
	ARLEENDA	VILA@GMAIL.COM			
	E-mail address: (to be used	for future annual report no	otification)		

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)

2021 APR 16 AM 9:53 ARTICLE I NAME R LEE CONSTRUCTION 1 INC The name of the corporation shall be: SECRETARY OF STATE Mailing address, if different is: SEE, FL

1846 ORANGE WOOD DR ARTICLE II PRINCIPAL OFFICE Principal street address 1846 ORANGE WOOD DR MELBOURNE, FL 32935 MELBOURNE, FL 32935 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all Lawfull Business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: JOSE A. SANTOS FIGUEROA Name and Title: 1846 ORANGE WOOD DR Address Address: MELBOURNE, FL 32935 Name and Title:______ Name and Title:_____ _____ Address: Address Name and Title:______ Name and Title:_____ Address ______ Address:

Name	and Title:	Name and Title:	
Addre			
			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	The registered agent is:	
Name:	JOSE A. SANTOS FIGUEROA	(a)	~3
Address:	1846 ORANGE WOOD DR	ECI	921
	MELBOURNE, FL 32936		APR
	INCORPORATOR	· · · · · · · · · · · · · · · · · · ·	- 6 £
a bna sman sa'T	ditress of the Incorporator is:	ش س	ي جي
Name:	ADV ACCOUNTING & TAX SERVICES LLC	FL FIN	<u>ය</u>
Address:	12701 S JOHN YOUNG PKWY STE 215	Lu	
	ORLANDO, FL 32837		
Circuive date st	EFFECTIVE DATE: other than the date of filing: 04/14/2021 late is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prior or 90 days after the	
Note: If the date the document's ci	inserted in this block does not meet the applicable siffective date on the Department of State's records.	tatutory filing requirements, this date will not be lister	d as
Having been nam certificate, I am fa	red as registered agent to accept service of process for amiliar with and accept the appointment as registered	the above stated corporation at the place designated in I agent and agree to act in this capacity	a this
	Required Signature/Registered Agent		 -
submit this docume cument to the Depa	ent and affirm that the facts stated herein are tr artment of State constitutes a third degree felony	rue. I am aware that the false information submi as provided for in s.817.155, F.S.	itted in a
equired Signature/Ir	ncorporator	Date 4/1:3/21	 -