

P210002427453

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jabbouraccounting@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

RWS Trading Inc

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$87.50 |

JUN 29 2021

T. SCOTT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 28 AM 9:15

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2021 JUN 28 PM 1:05

COVER LETTER

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

SUBJECT: RWS Trading 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

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

ADDITIONAL COPY REQUIRED

FROM: Shouman H Shouman
Name (Printed or typed)

21530 SW 109 Avenue
Address

Miami FL 33170
City, State & Zip

305-390-9100
Daytime Telephone number

Jabbouracching@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: RWS Trading Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
21530 SW 109 Avenue
Miami, FL 33170

Mailing address, if different is:
21530 SW 109 Avenue
Miami, FL 33170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shouman H. Shouman, P.D. Name and Title: _____

Address: 21530 SW 109 Avenue Address: _____
Miami, FL 33170

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 JUN 28 AM 9:15
1-EPD

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: Shouman H. Shouman
Address: 21530 SW 109 Avenue
Miami, FL 33170

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Shouman H. Shouman
Address: 21530 SW 109 Avenue
Miami FL 33170

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

Shouman H. Shouman 01/21/21
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.

Shouman H. Shouman 01/21/21
Required Signature/Incorporator Date

HP LaserJet Pro MFP M428fdw

Fax Log for
Jun 21 2021 1:47pm

Last Transaction

| Date | Time | Type | Station ID | Duration | Pages | Result |
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| Jun 21 | 1:46pm | Fax Sent | 8506176381 | 1:33 N/A | 4 | OK |