

**P22000026735**

Florida Department of State

Division of Corporations  
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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

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

Email Address: sosa041973@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****RE&R Stokes, Corp**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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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: **RE&R Stokes, Corp**

### ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 13335 SW 59<sup>th</sup> LN, Miami, FL 33183

Mailing address, if different is:

### 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: Ramiro Sosa, President

Address: 13335 SW 59<sup>th</sup> LN, Miami, FL 33183

Name and Title: Elena Prieto, VP

Address: 13335 SW 59<sup>th</sup> LN, Miami, FL 33183

### ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

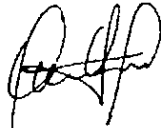
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

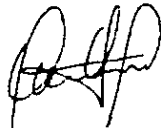
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/07/2022

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 provided for in s.817.155, F.S.



Required Signature/ Incorporator

04/07/2022

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