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JIVISIÓN UF CORFORATIONS TALLAHASSEE, FLORIDA

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COVER LETTER

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

SURJECT: REHOBOT UNL	, עם ו וועוו.	IIVO.
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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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 CO	PY REQUIRED

FROM:	CESAR RAFAEL ABUCHAR
	Name (Printed or typed)
	2473 HURON CIRCLE
	Address
	KISSIMMEE, FL. 34746
	City, State & Zip
	321-443-4410
	Daytime Telephone number
	CESARABUCHAR@YAHOO.COM
_	E-mail address: (to be used for future annual report notification)

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

DIT I I

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: REHOBOT UNLI	MITED, INC.	
ARTICLE II PRINC	Principal <u>street</u> address	Mailing 	address, if different is:
KISSIMMEE	, FL. 34746		
ARTICLE III PURPO The purpose for which the	DSE he corporation is organized is: ANY	AND ALL LAWF	UL BUSINESS
		<u>.</u>	
RTICLE IV SHARE the number of shares of	<u>ES</u> 100 stock is:		
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	5	
Name and Title	CESAR RAFAEL ABUCHAR, 2473 HURON CIRCLE	Name and Title:	
Address	KISSIMMEE, FL 34746	Address:	
Name and Title:		Name and Title:	
Address		Address:	
		<u> </u>	
Name and Title:		Name and Title:	
Address			~
			22 JUN
			Man 6

Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name ar	nd Title: Name and Titl	le:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: LESBIA SEGURA 3203 S ORANGE BLOSSOM TRAIL #206 KISSIMMEE, FL 34746 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: LESBIA SEGURA 3203 S ORANGE BLOSSOM TRAIL #206 KISSIMMEE, FL 34746 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: JUNE 9, 2022 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 of certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity O6/09. Required Signafure/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. O6/09	Address	s Address:	
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