Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : CESPEDES CPA, INC Account Number : 120220000109

Phone : (786)452-4615 Fax Number : (844)773-3487

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Email	Address:				 	

FLORIDA PROFIT/NON PROFIT CORPORATION RUBE JEWELRY INC

Certificate of Status	0
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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:		RUBE JEWELRY INC			
ARTICLE II PRINCIPAL OFFICE Principal street address 400 NW 59TH CT MIAMI FL 33126		Mailing uddress, if different is:			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			L BUSINESS'		
			2022 JUN 2		
ARTICLE IV SHARES The number of shares of sic	ock is: 500 OFFICERS AND/OR DIRECTORS		8: 20 FLORIDA		
Name and Title:_	ALIBERT DIAT (DOCCIDENT	Name and Title:			
Address	400 NW 59TH CT MIAMI FL 33126	Name and Title: Address:			
Name and Title:		Name and Title:			
Name and Title:		Name and Title:			
Address		Address:			

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Name and Title:_		Name and Title:	·
Address _		Address;	
RTICLE VI REGIST	ERED AGENT eet address (P.O. Box NOT acceptable	e) of the registered agent is:	
łame:	RUBEN DIAZ	<u> </u>	
ddress:	400 NW 59TH CT		
<u></u>	MIAMI FL 33126		
TICLE VII INCORP	ORATOR		2022
c name and address of t	he Incorporator is:		NO THE STATE OF TH
Name:	RUBEN DIAZ		27 (SSE)
Address:	400 NW 59TH CT		
	MIAMI FL 33126		(a)
			20 Ti
TICLE VIII EFFECT extive date, if other than	the date of filing:	(OPTIONAL)
on effective date is liste g.)	d, the date must be specific and car	mot be more than five days p	orior or 90 days after the
e: If the date inserted in locument's effective dat	this block does not meet the applicate on the Department of State's recon	ole statutory filing requirements.	ls, this date will not be listed as
ing been named as regist ficate, I am familior with	tered agent to accept service of proces h and accept the appointment as regis	s for the above stated corporati tered agent and agree to act in	on at the place designated in th this capacity
		··········	06/26/2022
	equired Signature/Registered Agent		Date
mit this document and ment to the Department	affirm that the facts stated herein a of State constitutes a third degree fel	re true. I am aware that the f ony as provided for in s.817.15	alse information submitted in 5, F.S.
19/			06/26/2022
/√ Ri	equired Signature/Incorporator		Date