

MAR 25 2008 SAT 11:08 PM

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SL1 ACCOUNTING SERVICES LLC
Account Number : 120220000072
Phone : (786)259-4259
Fax Number : (954)368-7402

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

Email Address: monica.perez@taxcareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION
RUBBY LOPEZ, PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

H230001136010

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: Sli Accounting Services LLC
 Address: 1860 N Pine Island Rd Ste 106
Plantation FL 33322

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RUBBY LOPEZ
 Address: 5487 CASSIDY LN
AVE MARIA FL 34142

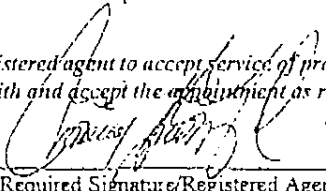
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

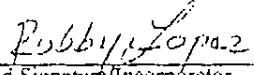
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.


 Required Signature/Registered Agent

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.


 Required Signature/Incorporator

Date

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 03/25/2023
 CLERK OF
 THE
 DEPARTMENT OF
 STATE
 FLORIDA

H230001136012

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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: RUBBY LOPEZ, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5487 CASSIDY LN

AVE MARIA FL 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LICENSED REAL ESTATE AGENT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBBY LOPEZ - President

Name and Title:

Address 5487 CASSIDY LN

Address:

AVE MARIA FL 34142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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