

P23000029226

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : RUBEN TORO PA
Account Number : I20220000108
Phone : (407)370-6445
Fax Number : (407)352-0568

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

Email Address: RUBENTOROPPA@GMAIL.COM.

FLORIDA PROFIT/NON PROFIT CORPORATION RHINE WORLDWIDE VENTURE CORP

Certificate of Status	0
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COVER LETTER

(H230001386803)

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

SUBJECT: RHINE WORLDWIDE VENTURE CORP**(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: RUBEN D. TORO**

Name (Printed or typed)

7901 KINGSPORTE PKWY STE 31

Address

ORLANDO, FLORIDA 32819

City, State & Zip

407-370-6445

Daytime Telephone number

rubendtorocpa@gmail.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: RHINE WORLDWIDE VENTURE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1324 CELEBRATION AVE.1324 CELEBRATION AVE.CELEBRATION, FL 34747CELEBRATION, FL 34747**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO LEASE AND TO INVEST IN REAL ESTATE PROPERTIES

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GILSON MARCAL RODRIGUES (PRESIDENT)Name and Title: MARCELO ZANGRANDI (SECRETARY, TREASURER)Address: 1324 CELEBRATION AVE.Address: 1324 CELEBRATION AVE.CELEBRATION, FL 34747CELEBRATION, FL 34747

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: MARCELO ZANGRANDI
 Address: 1324 CELEBRATION AVE.
CELEBRATION, FL 34747

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RUBEN D. TORO
 Address: 7801 KINGSPONTE PKWY STE 31
ORLANDO, FL 32819

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*

Marcelo Zangrandi
 Required Signature/Registered Agent

04/13/2023
 Date
 2023 APR 3 AM 12:44
 04/13/2023
 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.

Ruben D. Toro
 Required Signature/Incorporator