

9/29/23, 2:26 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000343466 3)))



H230003434663ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax-Number : (305)328-4774

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RPAR ENTERPRISES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED

2023 SEP 29 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP 29 PM 3:54

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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: RPAR ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2039 N UNIVERSITY DR SUNRISE, FL 33322

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 SHARES AT \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTIONE T ROUSE (D/P/S/T)

Name and Title:

Address 2039 N UNIVERSITY DR SUNRISE, FL 33322

Address:

Name and Title: RAQUEL PARELES FALU (D/V/P/I)

Name and Title:

Address 2039 N UNIVERSITY DR SUNRISE, FL 33322

Address:

Name and Title:

Name and Title:

Address

Address:

2023 SEP 29 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: ANTIONE T ROUSEAddress: 2039 N UNIVERSITY DR SUNRISE, FL 33322

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:Name: ANTIONE T ROUSEAddress: 2039 N UNIVERSITY DR SUNRISE, FL 33322

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*Antione Rouse

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.*Antione Rouse

Required Signature/Incorporator

Date

2023/09/29
FILED
DATE
54