

P24000017578

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.

((H24000090734 3))



H240000907343ABC3

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

2014 MAR 11 AM 9:38

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
R.A. CONCRETE SERVICES, INC

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

2014 MAR 11 P 5:00

Alcon Request

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: R.A. CONCRETE SERVICES, INC

ARTICLE II. PRINCIPAL OFFICE

Principal street address: 7380 SW 36TH STREET  
MIAMI, FL 33155

Mailing address, if different is:  
7380 SW 36TH STREET  
MIAMI, FL 33155

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

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REYNALDO ALFONSO Name and Title: \_\_\_\_\_  
Address: PRESIDENT Address: \_\_\_\_\_  
7380 SW 36TH STREET  
MIAMI, FL 33155

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: REYNALDO ALFONSO

Address: 7380 SW 36TH STREET

MIAMI, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REYNALDO ALFONSO

Address: 7380 SW 36TH STREET

MIAMI, FL 33155


**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

03/07/2024 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.*

 Required Signature/Incorporator

03/07/2024 Date

03/07/2024 11:17:57