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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : RONALD J MARLOWE PA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ron@marlowe.law

FLORIDA PROFIT/NON PROFIT CORPORATION
R3PI TXF Inc.

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

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COVER LETTER

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

SUBJECT: R3PI TXF Inc.**(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: Ronald J. Marlowe, Esq.

Name (Printed or typed)

2202 N West Shore Blvd, Ste 200

Address

Tampa, FL 33607

City, State & Zip

(813) 575-0000

Daytime Telephone number

ron@marlowe.law

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: R3PI TXF Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2312 W Columbus DrTampa, FL 33607**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful purpose**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christopher Mazzone - P/D

Name and Title: _____

Address 2312 W Columbus Dr

Address: _____

Tampa, FL 33607

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: _____

in:

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Registered Agents Inc.Address: 7901 4th St N, Ste 300St. Petersburg, FL 33702**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Christopher MazzoneAddress: 2312 W Columbus DrTampa, FL 33607**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*David Roberts

Required Signature/Registered Agent

6/18/2024

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.*Christopher Mazzone

Required Signature/Incorporator

6/18/2024

Date

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