

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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

(((H240002805083)))



H240002805083ABCS

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
REDINGTON CAPITAL INC

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

2024 AUG 21 PM 3:58

DIVISION OF CORPORATIONS

TALLAHASSEE, FL

2024 AUG 22 PM 12:41

FILED

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: REDINGTON CAPITAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2114 NORTH FLAMINGO RD #148
PEMBROKE PINES, FL 33028

Mailing address, if different is:

SAME**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN DAVIS - P

Name and Title: _____

Address: 2114 NORTH FLAMINGO RD #148
PEMBROKE PINES, FL 33028

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
2024 AUG 22 PM 12:41
CLERK OF STATE
TALLAHASSEE, FL

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: JUAN DAVISAddress: 2114 NORTH FLAMINGO RD #148PEMBROKE PINES, FL 33028**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JUAN DAVISAddress: 2114 NORTH FLAMINGO RD #148PEMBROKE PINES, FL 33028**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*

Approved by Sec. of State, 12/1/2017

Required Signature/Registered Agent

08/21/2024

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.

Approved by Sec. of State, 12/1/2017

Required Signature/Incorporator

08/21/2024

Date

FILED
2024 AUG 22 PM 12:41
CLERK OF STATE
TALLAHASSEE, FL