

R240000054145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

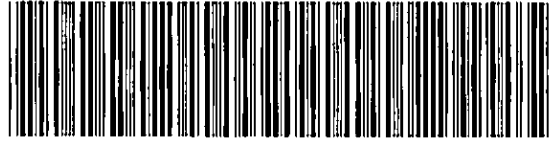
(Document Number)

Certified Copies _____

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Office of
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Relfi, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Acevedo
Name (Printed or typed)

22095 US Hwy 19 N.
Address

Cleawater, Florida 33765
City, State & Zip

(727) 645-2856
Daytime Telephone number

avcleawater@gmail.com
E-mail address: (to be used for future annual report notification)

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

2024 AUG 23 11:04:47

FILED

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:

Relfi, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2963 Gulf to Bay Blvd
Suite 330
Clearwater, Florida 33759

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Allowed in the state of Florida:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor H. Rodriguez - President

Name and Title:

Address

2963 Gulf to Bay Blvd
Suite 330
Clearwater, FL 33759

Address:

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: Jasasta Business Services LLC

Address: 22095 US Hwy 19N
Clearwater, FL 33765

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jasasta Business Services LLC

Address: 22095 US Hwy 19N
Clearwater, FL 33765

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-22-2024 (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

8-22-2024
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

8-22-2024
Date