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R  
8-27-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

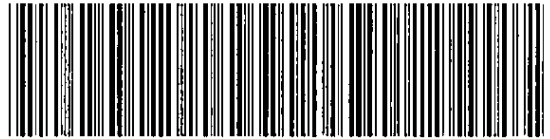
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/22/24--01023--002 \*\*70.00

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2024 AUG 22 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** ReelBonds Inc.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

\* Note ReelBonds is together not separate.

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: Jonathan Arredondo  
Name (Printed or typed)

1827 Magliano Drive  
Address

Boynton Beach, FL 33436  
City, State & Zip

561-710-1289  
Daytime Telephone number

reelbonds48@gmail.com  
E-mail address: (to be used for future annual report notification)

CLERK OF STATE  
TALLAHASSEE, FL

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

**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: ReelBonds Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>1827 Magliano Drive</u> <u>Boynton Beach, FL 33436</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All necessary and legal business

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**ARTICLE IV SHARES**

The number of shares of stock is: 800

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Jonathan Arredondo, President</u> Address: <u>1827 Magliano Drive</u> <u>Boynton Beach, FL 33436</u>	Name and Title: <u>Juan Zuluaga, Vice President</u> Address: <u>9068 Nickels Blvd</u> <u>Boynton Beach, FL 33436</u>
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: Jonathan Arredondo

Address: 1827 Magliano Drive

Boynton Beach, FL 33436

**ARTICLE VII INCORPORATOR**

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

Name: Jonathan Arredondo

Address: 1827 Magliano Drive

Boynton Beach, FL 33436

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/19/2024 (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*

Jonathan Arredondo  
Required Signature/Registered Agent

8/19/2024

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.*

Jonathan Arredondo  
Required Signature/Incorporator

8/19/2024  
Date