

P24000059641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600431827936

STATE
HILLSBOROUGH, FL
2024 SEP 19 AM 9:47

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$70.00

Authorization Signature: [Signature]

Rita Properties II CORP

Business

Document #

☐ Walk in

☐ Will wait

☐ Certified Copy of the

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☒ INC
☐ CORP
☐ OTHER

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Correction.
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a Foreign LLC
☐ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

FILED
2024 SEP 19 AM 9:47
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: _\$70.00_

Authorization Signature: *[Signature]*

Rita Properties II CORP

Business

Document #

 Walk in

 Will wait

 Certified Copy of the

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 Limited Liability
 Domestication
 X INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Correction
 Merger

FILED
2024 SEP 19 AM 9:47
TALLAHASSEE, FL
STATE

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: Rita Properties II CORP

(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: BLUEMAX PARTNERS CORP
Name (Printed or typed)

848 BRICKELL AVE. STE 1130

Address

MIAMI, FL 33131

City, State & Zip

305 607 3493

Daytime Telephone number

mdelloca@mdellconsulting.com

E-mail address: (to be used for future annual report notification)

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

FILED

2021 SEP 19 AM 9:47
TALLAHASSEE, FL
STATE

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: Rita Properties II CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

848 Brickell Ave. Ste 1130

Miami, Florida 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tifossi LTD

Name and Title: President

Address 848 Brickell Ave. Ste 1130

Address: _____

Miami, Florida 33131

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2024 SEP 19 AM 9:47
CLERK OF DISTRICT COURT
MILWAUKEE, 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: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

ARTICLE VII INCORPORATOR

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

Name: BLUEMAX PARTNERS CORP
Address: 848 BRICKELL AVE. STE 1130
MIAMI, FL 33131

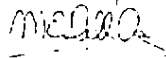
ARTICLE VIII EFFECTIVE DATE:

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:

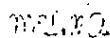


9/19/2024

Required Signature/Registered Agent

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.



9/19/2024

Required Signature/Incorporator

Date

FILED
2024 SEP 19 AM 9:47
CLERK OF COURT
STATE OF FL