

9/12/24 16

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (305)564-6857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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Peninsula Tissue Papers Corp

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Corporate Filing Menu

Help

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 PENINSULA TISSUE PAPERS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

10121 SW 223RD TER CUTLER BAY, FL 33190

Mailing address, if different is:

Same as Principal

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIANMELIG RIVODO /P

Address: 10121 SW 223RD TER CUTLER BAY, FL 33190

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name MARIANMELIG RIVODO

Address: 10121 SW 223RD TER CUTLER BAY, FL 33190

ARTICLE VII INCORPORATOR

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

Name: MARIANMELIG RIVODO

Address: 10121 SW 223RD TER CUTLER BAY, FL 33190

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



12/17/2024

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.



12/18/2024

Required Signature/Incorporator

Date

2024
DEC 18
12:17