

19900084778

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RUBEN'S MINI-REPAIRS INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

900002996309--8  
-09/24/99--01049--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

99 SEP 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

RECEIVED  
99 SEP 24 AM 11:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

**TRANSMITTAL LETTER**

**TO: QUALIFICATION/REGISTRATION SECTION  
DIVISION OF CORPORATIONS**

**FILED**  
99 SEP 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**SUBJECT: RUBEN'S MINI-REPAIRS INC.**

**DEAR SIR/MADAM**

The enclosed APPLICATION BY AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA , and CHECK are being submitted to qualify the above referenced corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**INES CATTELANI**

Name of Person  
I.C. PARALEGAL OFFICE  
12247 Sw. 17 Ln. # 102  
Miami, Fl. 33175

**COURIER ADDRESS:**  
Qualification /Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Qualification/Registration Section  
Divisions of Corporations  
P. O. BOX 6327  
Tallahassee, Florida 32314

FILED  
99 SEP 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

**RUBEN'S MINI-REPAIRS INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I**

**NAME**

The name of the corporation shall be:

**RUBEN'S MINI-REPAIRS INC.**

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**13010 SW. 10 STREET  
MIAMI, FL. 33184**

**ARTICLE III**

**NATURE OF BUSINESS**

The corporation may engage in any activity or business permitted under the laws of the United States or this State.

**ARTICLE IV**

**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

**ONE HUNDRED (100) SHARES OF COMMON VALUE  
AT \$ 1.00 COST PER SHARE**

**ARTICLE V**  
**BEGINNING OF CORPORATE EXISTENCE**

The date of corporate existence shall be the time of subscription and acknowledgment of this Article of Incorporation.

**ARTICLE VI**  
**TERM OF EXISTENCE**

This corporation shall exist perpetually.

**ARTICLE VII**  
**INITIAL REGISTER AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**ILEANA MARIA RIVERA**  
**13010 SW. 10 STREET**  
**MIAMI, FL. 33184**

**ARTICLE VIII**  
**DIRECTORS**

This corporation shall have one director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but there shall always be at least one director.

The name(s) and address(es) of officers and or directors:

**RAIMUNDO R. RIVERA**  
**13010 SW. 10 STREET**  
**MIAMI, FL. 33184**

**DIRECTOR, PRESIDENT**

**RUBEN J. RIVERA**  
**13010 SW. 10 STREET**  
**MIAMI, FL. 33184**

**DIRECTOR, VICE- PRESIDENT**

**ILEANA MARIA RIVERA**  
**13010 SW. 10 STREET**  
**MIAMI, FL. 33184**

**DIRECTOR, 2<sup>nd</sup> VICE-PRESIDENT**

**ARTICLE IX**  
**SHARES**

The names, addresses, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to at least are as follows:

NAME AND ADDRESS	SHARES	CONSIDERATION
RAIMUNDO R. RIVERA 13010 SW. 10 STREET MIAMI, FL. 33184	50	\$ 50.00
RUBEN J. RIVERA 13010 SW. 10 STREET MIAMI, FL. 33184	25	\$ 25.00
ILEANA MARIA RIVERA 13010 SW. 10 STREET MIAMI, FL. 33184	25	\$ 25.00

**ARTICLE X**  
**INCORPORATOR (S)**

The name (s) and street address(es) of the incorporator (s) to these Articles of Corporation is (are):

**INCORPORATOR(S):**

RAIMUNDO R. RIVERA  
13010 SW. 10 STREET  
MIAMI, FL. 33184

RUBEN J. RIVERA  
13010 SW. 10 STREET  
MIAMI, FL. 33184

ILEANA MARIA RIVERA  
13010 SW. 10 STREET  
MIAMI, FL. 33184

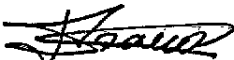
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 20 September of 1999.



Raimundo R. Rivera



Ruben J. Rivera



Ileana M. Rivera

**STATE OF FLORIDA  
COUNTY OF DADE**

**I HEREBY CERTIFY**, that this day before me, a Notary public duly authorized in the State and County named above to take acknowledgments, personally appeared, whom are personally known to me to be the person(s) described as subscriber(s) in, and who executed the articles of Incorporation, and he acknowledged before me that he executed the same.

WITNESS my hand and official seal at Dade County, Florida this 20<sup>th</sup> day of September,  
1999

  
\_\_\_\_\_  
Notary Public, State of Florida at Large

**My Commission expires:**



Ines Cattalani  
Commission # CG 866380  
Expires Oct. 12, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

**Articles of Incorporation**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of section 607.0501 or 617.0500, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in designating the Registered Officer/ registered Agent, in the state of Florida

1. The name of the Incorporation is:

RUBEN'S MINI-REPAIRS INC.

2. The name and address of the registered agent and officer is:

ILEANA M. RIVERA

13010 SW. 10 STREET

MIAMI, FLORIDA 33184

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I BEEN ACCEPTED THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS AF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



Signature

September 20, 1999

Date

**FILED**  
99 SEP 24 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA