

8/31/22, 3:52 PM

Division of Corporations

P22000067869

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

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

Email Address: support@eflatinaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION
REKMO CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2022/AUG/31 PH 4:45

RECEIVED
CORPORATION
DIVISION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 31 AM 7:54

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COVER LETTER

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

SUBJECT: REKMO 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
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: E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM

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

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SECRETARY 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: REKMO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2454 PROVENCE COURT

Mailing address, if different is:

WESTON, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawfull Purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA ALEJANDRA MONTOYA - P

Name and Title: _____

Address 2454 PROVENCE COURT

Address: _____

WESTON, FL 33327

Name and Title: JUAN MANUEL MONTOYA -VP

Name and Title: _____

Address 2454 PROVENCE COURT

Address: _____

WESTON, FL 33327

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 AUG 31 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

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

Diego Figueroa
 Required Signature/Registered Agent

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 22 AUG 31 AM 11:51
 SECRETARY OF STATE
 FALL AHA
 08/31/2022
 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.

Diego Figueroa
 Required Signature/Incorporator

08/31/2022
 Date