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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : ALEX PINA CO.
Account Number : 120190000095
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FLORIDA PROFIT/NON PROFIT CORPORATION
RRC Solutions 2001 Corp

Certificate of Status	0
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23 MAR 16 PM 12:30
FLORIDA DEPARTMENT OF STATE

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME**RRC Solutions 2001 Corp**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7990 Grand Canal Dr**Miami, FL 33144****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is, **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Roberto Rodriguez Corrales - President**

Name and Title:

Address **7990 Grand Canal Dr**

Address:

Miami, FL 33144

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alex Pina Co.

Address: 8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Roberto Rodriguez Corrales

Address: 7990 Grand Canal Dr

Miami, FL 33144

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.**R.C.*_____
Required Signature/Registered Agent*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.**A.P.*_____
Required Signature/Incorporator

Date: _____

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MAR 16 PM 12:40
3/13/2022
CLERK OF THE COURT
STATE OF FLORIDA