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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2018 JUL 16 PM 4:47

JUL 17 2018

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 299904 8020289

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : July 16, 2018

ORDER TIME : 2:03 PM

ORDER NO. : 299904-005

CUSTOMER NO: 8020289

DOMESTIC FILING

NAME: AROLA USA CORP.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: AROLA USA 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: MARTA GARCIA

Name (Printed or typed)

175 SW 7TH ST SUITE 1711

Address

MIAMI FL 33130

City, State & Zip

786-725-5767

Daytime Telephone number

marta.garcia@rclawllp.net

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

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: AROLA USA CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1477 Garden Rd.

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful activity and/or business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Arola, Director

Address: C/ Palaudarias n.11

08004 Barcelona, SP

Name and Title: Ariadna Arola, Director

Address: C/ Palaudarias n. 11

08004 Barcelona SP

Name and Title: Xavier Ruiz, Secretary

Address: 175 Sw 7th St. Suite 1711

Miami FL 33130

Name and Title: Mariano Robayo, General Manager

Address: 1477 Garden Rd.

Weston FL 33326

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Corporation Service Company

Address: 1201 Hays St.

Tallahassee, FL 32301-2525

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marta Garcia

Address: 175 SW 7th St. suite 1711

Miami, FL 33130

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TALLAHASSEE, FLORIDA

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

Roxanne Turner

Required Signature/Registered Agent

Roxanne Turner
Asst. Vice President

7/16/18

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.

Marta Garcia

Required Signature/Incorporator

7.16.2018

Date