## N11000000457

	(Requestor's Name	9)
<del> </del>	(Address)	*
	(Address)	···
	(City/State/Zip/Pho	ne #)
PICK-U	P WAIT	MAIL
	(Business Entity Na	ame)
	(Document Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions	s to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: WORLD COMM INC	TE NAME – MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  Certificate of  Status	
	ADDITIONAL COPY REQUIRED	
FROM: JUAN OLIVO		
Name	e (Printed or typed)	
1727 NW 15 ST	Address The A	F9
MIAMI FL 33125	N 14 ASSEE	
City, 1	State & Zip	7
Daytime To	Telephone number	
F-mail address: (to be used	d for future appual 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)

	PRINCIPAL OFFICE Principal street address	Mailing ad	Mailing address, if different is:	
	1727 NW 15 ST			
1	MIAMI FL 33125			
RTICLE III	· · · · · · · · · · · · · · · · · · ·			
	which the corporation is organized is: NICATIONS			
<b>RTICLE IV</b> he number of sha	SHARES ares of stock is:100			
RTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
Name and T	itle: JUAN OLIVO- PRESIDENT	Name and Title:		
Address:	1727 NW 15 ST			
	MIAMLEL 33125			
Name and T	itle:	Name and Title:		
Address:		Address:		
		<u></u>		
Name and T Address:	itle:			
ridaress.				
			3/: 8	
RTICLE VI	REGISTERED AGENT		1. E. C.	
	orida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	AR S	
Name:	JUAN OLIVO	<del></del>	AS AS	
Address:	1727 NW 15 ST MIAMLEL 33125	<del></del>	4 5 E	
RTICLE VII	INCORPORATOR		LOS SE	
ne <u>name and add</u> Name:	dress of the Incorporator is:			
Address:	JUAN OLIVO 1727 NW 15 ST			
	MIAMI FL 33125			
avinc heen nam	ed as registered agent to accept service of p.	rocess for the above stated corna	pration at the place designated in	
	m familiar with and accept the appointment of			
	marine			
		<u> </u>	12 -21-201 Date	
7	Pyruired Signiture/Registered Agen	t	Date	