

10/27/2010

Division of Corporations

P10000087690
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000235106 3)))



H100002351063ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FLORIDA LICENSES AND CORPORATIONS INC
Account Number : I20080000068
Phone : (305) 446-3442
Fax Number : (305) 446-3452

FAVED

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ROS WILL ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED
10 OCT 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS 10/28

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

FILED

10 OCT 27 AM 11:54

ARTICLE I NAME ROSWILL ENTERPRISES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
7761 N KENDALL DR #D302
MIAMI, FL 33156

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:
7761 N KENDALL DR #D302
MIAMI, FL 33156

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIA R. CUEVA (PRESIDENT)	Name and Title: _____
Address: 7761 N KENDALL DR #D302	Address: _____
MIAMI, FL 33156	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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: CLAUDIA R. CUEVA
Address: 7761 N KENDALL DR #D302
MIAMI, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAUDIA R. CUEVA
Address: 7761 N KENDALL DR #D302
MIAMI, FL 33156

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

Required Signature/Registered Agent

10.27.2010
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.

Required Signature/Incorporator

10.27.2010
Date