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Division of Corporations

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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
DEGOSI CORP.

Certificate of Status	0
Certified Copy	0
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9/6/2016



November 17, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: DEGOSI CORP.
REF: W11000058344

RESUBMIT
Please give original
submission date on the date.

11-2-11

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the signatures to be sure it is consistent to the one listed as incorporator and registered agent.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H11000261920
Letter Number: 511A00026052

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DEGOSI CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address _____ Mailing address, if different is: _____4130 COLLINS AVENUESUITE 404MIAMI BEACH, FL 33140**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares is: 10,000 SHARES.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ISRAEL VILLAESCUSA, PRESIDENT & DIRECTORAddress: 4130 COLLINS AVENUE, SUITE 404MIAMI BEACH, FLORIDA 33140Name and Title: MARBELYS RODRIGUEZ NOGUERA, VP & DIRECTORAddress: 4130 COLLINS AVENUE, SUITE 404MIAMI BEACH, FLORIDA 33140**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ISRAEL VILLAESCUSAAddress: 4130 COLLINS AVENUE, SUITE 404MIAMI BEACH, FLORIDA 33140**ARTICLE V INCORPORATOR**The name and address of the Incorporator is:Name: ISRAEL VILLAESCUSAAddress: 4130 COLLINS AVENUE, SUITE 404MIAMI BEACH, FLORIDA 33140

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_____
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted by document to the Department of State constitutes a third degree felony as provided for in s. 912.13, F.S.

Required Signature/Incorporator_____
DateSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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