

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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  
ROSALES G. SERVICES, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

10/8/2012

RECEIVED

12 OCT - 8 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT - 8 AM 8:42

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PS 10/9/12

41200024494

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**  
The name of the corporation shall be: **ROSALES G. SERVICES, INC.**

12 OCT -8 AM 8:42

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
**4030 SOUTHWEST 9TH STREET**  
**MIAMI, FL 33134**

Mailing address, if different is:

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

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>PRESIDENT-GUILLERMO ROSALES</b>	Name and Title: _____
Address: <b>4030 SOUTHWEST 9TH STREET</b>	Address: _____
<b>MIAMI, FL 33134</b>	_____
_____	_____
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: **GUILLERMO ROSALES**  
Address: **4030 SOUTHWEST 9TH STREET**  
**MIAMI, FL 33134**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **GUILLERMO ROSALES**  
Address: **4030 SOUTHWEST 9TH STREET**  
**MIAMI, FL 33134**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this document, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

10/08/2012

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

10/08/2012

Date

41200024494