

P 14000066793

Florida Department of State

Division of Corporations
Electronic Filing Conference

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

(((H14000186886 3)))



H140001868883A8C9

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 : KRISJOENNA SERVICES, INC.
Account Number : T00080000033
Phone : (305) 644-3055
Fax Number : (305) 644-1057

AUG 11 PM 12:43
DIVISION OF CORPORATIONS

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
ZULEMA GONZALEZ SERVICES INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

SECTION
TALLAHASSEE, FLORIDA
14 AUG 11 PM 12:35

RT
D
98

B 8/12/14

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:

ZULEMA GONZALEZ SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

**2215 Thomas St
Hollywood, FL 33020**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **GONZALEZ, ZULEMA**
Address: **2215 Thomas St
Hollywood, FL 33020**

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **GONZALEZ, ZULEMA**
Address: **2215 Thomas St
Hollywood, FL 33020**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **GONZALEZ, ZULEMA**
Address: **2215 Thomas St
Hollywood, FL 33020**

REC AUG 11 PM 12:43
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

Date: August 7, 2014

Zulema Gonzalez

Required Signature/Registered Agent

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.

Date: August 7, 2014

Zulema Gonzalez

Required Signature/Incorporator

SECRET
DIVISION OF CORPORATE AFFAIRS
14 AUG 11 PM 12:43

Form **SS-4** **Application for Employer Identification Number** OMB No. 1545-0008
 (Rev. January 2010) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) EIN _____
 Department of the Treasury Internal Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested
WF GLOBAL INDUSTRIAL EQUIPMENT, INC

2 Trade name of business (if different from name on line 1) **3** Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box) **5a** Street address (if different) (Do not enter a P.O. box.)
5701 NW 36TH ST

4b City, state, and ZIP code (if foreign, see instructions) **5b** City, state, and ZIP code (if foreign, see instructions)
MIAMI, FL 33166

6 County and state where principal business is located
DADE COUNTY

7a Name of responsible party **7b** SSN, ITIN, or EIN
FRANKLIN DEL VALLE ROJAS PAYARES **Foreign**

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? Yes No **8b** If 8a is "Yes," enter the number of LLC members

8c If 8a is "Yes," was the LLC organized in the United States? Yes No

9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN)
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120	<input type="checkbox"/> Trust (TIN of grantor)
<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other (specify) ▶	Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated
 State **Florida** Foreign country

10 Reason for applying (check only one box)
 Started new business (specify type) ▶ **IMPORT, EXPORT INDUSTRIAL EQUIPMENT**
 Banking purpose (specify purpose) ▶
 Changed type of organization (specify new type) ▶
 Purchased going business
 Hired employees (Check the box and see line 13)
 Created a trust (specify type) ▶
 Compliance with IRS withholding regulations
 Created a pension plan (specify type) ▶
 Other (specify) ▶

11 Date business started or acquired (month, day, year). See instructions.
07/07/2014

12 Closing month of accounting year

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).

16 Check one box that best describes the principal activity of your business.
 Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker
 Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail
 Other (specify) **IMPORT, EXPORT**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
IMPORT, EXPORT

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No
 If "Yes," write previous EIN here ▶

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee	Designee's name YUSBELKI ARCAJA	Designee's telephone number (include area code) (305) 871-0889
	Address and ZIP code 5701 NW 36TH ST MIAMI, FL 33166	Designee's fax number (include area code) (305) 870-9623
Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶ FRANKLIN DEL VALLE ROJAS PAYARES, V PRESIDENT		Applicant's fax number (include area code) (305) 870-9623
Signature ▶	Date ▶ 7/10/14	