

PI4000085015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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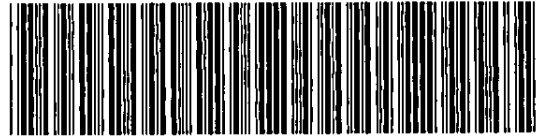
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: ROMA Wholesale Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Rodolfo Castillo
Name (Printed or typed)

1525 Chuli NENE, Tallahassee, FL 32301
Address

Tallahassee, FL
City, State & Zip

(386) 266-2984
Daytime Telephone number

ROMA@WHOLESALE@aol.com
E-mail address: (to be used for future annual 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)

ARTICLE I NAME

The name of the corporation shall be: ROMA Wholesale Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different from principal address

1525 CHULI NENE

P.O. Box 1348

Tallahassee, FL 32301

Mission, TX 78573

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALES (RESALES)

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMAR MARTINEZ (Pres.) Name and Title: Rodolfo Castillo (Vice-P)

Address: 1418 Vatia Blvd
Mission, TX 78572

Address: 1525 Chuli Nene
Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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: Rodolfo Castillo
Address: 1525 Chulivene
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rodolfo Castillo
Address: 1525 Chulivene
Tallahassee, FL 32301

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APPROVED
AND
FILED

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

10/16/14
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

10/16/14
Date