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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 : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
UCSISTEMAS CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

95584

Electronic Filing Menu Corporate Filing Menu Help

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(4)

COVER LETTER

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

SUBJECT: UCSistemas 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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☑ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: UCSistemas Corp
Name (Printed or typed)

415 NW 33rd STREET
Address

MIAMI FL 33127-3420
City, State & Zip

305-409-5001
Daytime Telephone number

rdrolon@yahoo.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: UCSistemas Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
415 NW 33rd STREET	
MIAMI FL 33127-3420	

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN D ROLON P
Address: 415 NW 33rd STREET, MIAMI FL 33127-3420

Name and Title: MIGUEL A RAMOS V
Address: 415 NW 33rd STREET, MIAMI FL 33127-3420

Name and Title: YAJAIRA MERAN D
Address: 415 NW 33rd STREET, MIAMI FL 33127-3420

(cont.)

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: RUBEN D ROLON

Address: 415 NW 33rd STREET

MIAMI FL 33127-3420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RUBEN D ROLON

Address: 415 NW 33rd STREET

MIAMI FL 33127-3420

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

_____ 06-03-2015

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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 06-03-2015

Required Signature/Incorporator Date

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