

P/5000059948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

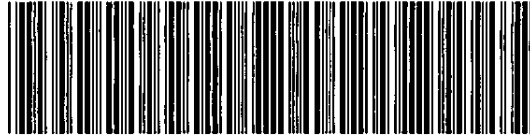
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 13 PM 2:25

h 07/20/15

EFFECTIVE DATE 07/07/15

COVER LETTER

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

SUBJECT: ROKL Enterprises Inc.

(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: Odette Aguila-Chacon
Name (Printed or typed)
620 Madeira Avenue
Address
Coral Gables, FL 33134
City, State & Zip
786-489-4624
Daytime Telephone number
oswan01@gmail.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

ROKL Enterprises Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

620 Madeira Avenue

Coral Gables, FL 33134

ARTICLE III PURPOSE

investments

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

30,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul J. Chacon Jr., President

Name and Title: Odette Aguila-Chacon, Vice-President

Address: 620 Madeira Avenue

Address: 620 Madeira Avenue

Coral Gables, FL 33134

Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Raul J. Chacon Jr.

Address: 620 Madeira Avenue

Coral Gables, FL 33134

15 JUL 13 PM 2:25
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Odette Aguila-Chacon

Address: 620 Madeira Avenue

Coral Gables, FL 33134

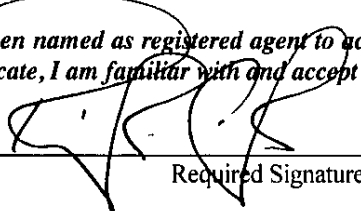
ARTICLE VIII EFFECTIVE DATE: 7/7/15

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

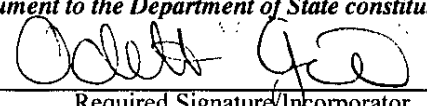
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/6/15
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

7/6/15
Date