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(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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AUG 27 2015

T. SCOTT

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15 AUG 21 PM 1:01

COVER LETTER

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

SUBJECT: THE WISHING WELL FALS CORPORATION
(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: LELIA ESPINOZA
Name (Printed or typed)

2460 NW 94TH , AVE DORAL
Address

FLORIDA/ 33172
City, State & Zip

786-3260038
Daytime Telephone number

fitichef941@hotmail.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: THE WISHING WELL FALS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2460 NW 94TH AVE. DORAL, FLORIDA 33172	SAME ABOVE

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY LAW FULL BUSINESS IN THE UNITED STATE OF AMERICA

15 AUG 21 PM 12:01

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LELIA ESPINOZA/PRESIDENT	Name and Title: FIDEL GOMEZ /VICE-PRESIDENT
Address 2460 NW 94TH AVE. DORAL	Address: 2460 NW 94 TH AVE. DORAL
FLORIDA, ZIP CODE 33172	FLORIDA, ZIP CODE 33172
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: FRANCIA TORREALBA

Address: 2460 NW 94TH AVE. DORAL

FLORIDA, ZIP CODE 33172

ARTICLE VII INCORPORATOR

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

Name: LELIA ESPINOZA

Address: 2460 NW 94TH AVE. DORAL

FLORIDA, ZIP CODE 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/10/2015. (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

_____ 08/10/2015

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.

_____ 08/10/2015

Required Signature/Incorporator Date