

PI S O O U D 70830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

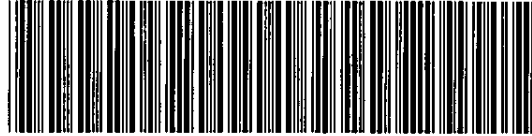
Certified Copies _____ Certificates of Status _____

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AUG 27 2014

T. SCOTT



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08/21/15--01016--013 **78.75

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 ☒ \$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: 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

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: _____

15 AUG 21 PM 1:01

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

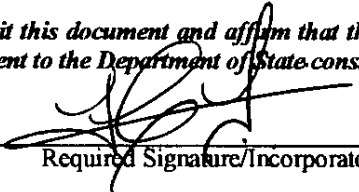


Required Signature/Registered Agent

08/10/2015

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

08/10/2015

Date