

P190000031809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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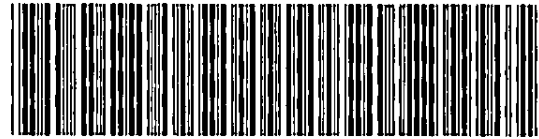
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR - 8 AM 11:42

TD 4/11/19

COVER LETTER

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

SUBJECT: ROSANA SPA 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: MARIA E RUIZ
Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D
Address

MIAMI FLORIDA 33183
City, State & Zip

305 595-2407
Daytime Telephone number

mariaquiros9@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

ROSANA SPA INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13525 SW 142 TERRACE

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33186

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

ANY AND ALL LEGAL BUSINESS

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

100 @ \$1.00 EA

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSANA B RIVAS CASTILLO, PRES

Name and Title: _____

Address 13525 SW 142 TERRACE

Address: _____

MIAMI FLORIDA 33186

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ROSANA B CASTILLO RIVAS

Address: 13525 SW 142 TERRACE

MIAMI FLORIDA 33186

ARTICLE VII INCORPORATOR

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

Name: ROSANA B CASTILLO RIVAS

Address: 13525 SW 142 TERRACE

MIAMI FLORIDA 33186

ARTICLE VIII EFFECTIVE DATE: 04/19/2019

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 days prior or 90 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

Rosana B Castillo
Required Signature/Registered Agent

03/29/2019
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.

Rosana B Castillo
Required Signature/Incorporator

03/29/2019
Date

March 26, 2019

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

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DIVISION OF CORPORATIONS
19 APR -8 AM 11:43

Re: ROSANA SPA INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


Rosana B. Castillo Rivas

