6/4/2020

Division of Corporations Electronic Filing Cover Sheet

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(((H20000167888 3)))



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To:

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION WAXLINE CORP

Name of the Public Particle of the Particle of	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

To:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAME c name of the corporati	ion shall bu: WAXLINE CORP				
TICLE II PRINC	<u>IPAL OFFICE</u> Principal <u>street</u> address	Mailing addre	Mailing address, if different is:		
30 NW 68TH STREET S	UITE 4				
MAMI, FL 33166					
TICLE III PURPO	SE				
purpose for which th	ne corporation is organized is: ANY AND	ALL LAWFUL BUSINESS			
		· · · · · · · · · · · · · · ·			
ند فساحه ایدا محب شاک ایشت ایکاری در میجرد.					
····			<u></u>		
		=	20 ALL ALL		
TICLE IV SHARE			711.7.10 7.1.3.10 7.0.3.10		
number of shares of s	stock is: 100		-,-		
TICLE V INITIA	L OFFICERS AND/OR DIRECTORS				
Name and Title:	Ivan De Sarandy Wawryniuk (P)	Name and Title:	<u>-</u>		
Address	8430 NW 68TH STREET	Address:	·.		
	SUITE 4				
	MIAMI, FL 33166				
	1110 (111), 1 2 3 3 (100)	-			
Name and Title:	Andrea Christina De Andrade	Name and Title:			
Address	Wawryniuk (V/P)	Address:			
	8430 NW 68TH STREET SUITE 4				
	MIAMI, FL 33166				
		-			
Name and Title:		Name and Title:			
Address		Address:			
		-	 		

Name and Title:		Name and Ticle:		
Address		Address:		
				
	REGISTERED AGENT			
The <u>name and b</u>	florida street address (P.O. Box NOT accepta	ble) of the registered agent is:		
Name:	Ivan De Sarandy Wawryniuk	 -		
Address:	8430 NW 68TH STREET SUITE 4			
	MIAMI. FL 33166			
ARTICLE VII	INCORPORATOR			
The name and a	address of the Incorporator is:			
Name:	Ivan De Sarandy Wawryniuk			
Address:	8430 NW 68TH STREET SUITE 4			
	MIAMI, FL 33166			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, i	f other than the date of filing:	. (0110.	NAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than live di	ays prior or 90 days after the	
Note: If the dat	e inserted in this block does not meet the appi effective date on the Department of State's re	ticable statutory filing require cords.	ments, this date will not be listed as	
Having been nat certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as r	ocess for the above stated corp egistered agent and agree to a	oration at the place designated in this set in this capacity	
15/ Au	an De Sarandy Wawrynii	ık	05/02/2020	
	Required Signature/Registered Ages	πt	Date	
	cument and affirm that the facts stated here Department of State constitutes a third degree			
	en De Sarandy Wawrynii		C6/02/2020	
Required Signat	ure/incorporator		Date	