

26/3/2021

Division of Corporations

(((H21000123257 3)))  
**P21000085132**  
Florida Department of State  
Division of Corporations  
Electronic Filings Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000123257 3)))



H210001232573ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ISAMAR TORRES  
Account Number : I20200000137  
Phone : (786)660-0108  
Fax Number : (305)503-7123

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: onestopsolutionsfl@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CORPORATION RANK CORP**

Certificate of Status	0
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April 20, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ISAMAR TORRES

SUBJECT: CORPORATIONS RANK CORP  
REF: W21000053838

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza  
Regulatory Specialist II  
New FilingsFAX Aud. #: H21000123257  
Letter Number: 221A00008149ED  
APR 27 PM 3:18  
STATE  
OF FLORIDA

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4/15/2021 11:49:07 AM PAGE 1/001 Fax Server



April 15, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ISAMAR TORRES

SUBJECT: CORPORATION RANK CORP  
REF: W21000050960

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000024996.

You must list at least one incorporator with a complete business street address.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Senior Section AdministratorFAX Aud. #: H21000123257  
Letter Number: 021A00007783FILED  
APR 16 2021  
11:51 AM  
STATE  
OF FLORIDA  
TALLAHASSEE

850-617-6381

3/30/2021 10:43:52 AM PAGE 1/001 Fax Server



March 30, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ISAMAR TORRES

SUBJECT: CORPORATION RANK CORP  
REF: W21000041829

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000024996.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000123257  
Regulatory Specialist II Supervisor Letter Number: 421A00006582  
New Filing Section

P.O. BOX 6327 - Tallahassee, Florida 32314

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OF FLORIDA

**COVER LETTER**

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

(((H21000123257 3)))

**SUBJECT:** CORPORATIONS RANK CORP**(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:** BRYAN ROGELIO GAGO VALVERDE  
Name (Printed or typed)

2090 NE 168TH ST APT 3  
Address

NORTH MIAMI BEACH, FLORIDA, 33162  
City, State & Zip

786-859-8439  
Daytime Telephone number

CORPORATIONRANK@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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APR 27 PM 3:18  
2021  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLES OF INCORPORATION**

(((H21000123257 3)))

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

**ARTICLE I NAME**The name of the corporation shall be: CORPORATIONS RANK CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2090 NE 168TH ST APT 3  
NORTH MIAMI BEACH, FLORIDA, 33162

Mailing address, if different is:

2090 NE 168TH ST APT 3  
NORTH MIAMI BEACH, FLORIDA, 33162**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRYAN R GAGO V. PRESIDENT Name and Title: \_\_\_\_\_Address 2090 NE 168TH ST APT 3 Address: \_\_\_\_\_  
NORTH MIAMI BEACH, FL, 33162

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(((H21000123257 3)))

Name and Title: \_\_\_\_\_ Name and Title: (((H21000123257 3)))  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: BRYAN ROGELIO GAGO VALVERDE  
Address: 2090 NE 168TH ST APT 6  
NORTH MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/26/2021. (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*

Bryan Rogelio Gago Valverde 03/26/2021  
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.*

Bryan Rogelio Gago Valverde 03/26/2021  
Required Signature/Incorporator Date

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21 APR 27 PM 3:18  
STATE  
TALLAHASSEE