

P21000048735

Florida Department of State
Division of Corporations
Electronic Filing 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.

((H21000204862 3)))



H210002048623ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

21 MAY 21 PM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
WILSON O VILLEDA CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 MAY 21 PM 3:53

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WILSON O. VILLEDA CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address1876 SW 6TH ST APT 4MIAMI, FL 33135

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTSAND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY ANDALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS
MIGHT DO:1) TRANSACT ANY AND ALL LAWFUL BUSINESS2) SAID CORPORATION SHALL FURTHER HAVE POWERSTO HAVE PERPETUAL SUCCESSION BY ITS CORPORATE NAME "WILSON O. VILLEDA CORPORATION."**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WILSON O. VILLEDA TOMEName and Title: DPAddress 1876 SW 6TH ST APT 4Address: MIAMI, FL 33135Name and Title: LURVIN ROMERO GUIFARROName and Title: DVPAddress 1876 SW 6TH ST APT 4Address: MIAMI, FL 33135Name and Title: Name and Title: Address Address: 21 MAY 21 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: WILSON O VILLEDA
Address: 1876 SW 6TH ST APT 4
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILSON O VILLEDA
Address: 1876 SW 6TH ST APT 4
MIAMI, FL 33135

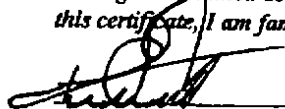
ARTICLE VIII EFFECTIVE DATE:

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

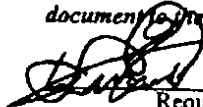


Required Signature/Registered Agent

05/19/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the fals: 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

05/19/2021

Date

FILED
21 MAY 21 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA