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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
VEROSROM INVESTMENT INC

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COVER LETTER

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

SUBJECT: VEROSROM INVESTMENT 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 & Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LEONARDO CUBILLOS ROMERO
Name (Printed or typed)

4506 BLUFF OAK LOOP
Address

KISSIMMEE , FL 34746

347-5008150

Daytime Telephone number

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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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: VEROSROM INVESTMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4506 BLUFF OAK LOOP
KISSIMMEE, FL 34746

Mailing address, if different is:

4506 BLUFF OAK LOOP
KISSIMMEE, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARDO CUBILLO ROMERO

Address: PRESIDENT

4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

Name and Title: GERMAN OSPINA CORTES

Address: VICE-PRESIDENT

4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

Name and Title: DIRECTOR

Address: LEONEL VERA MALDONADO

4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

Name and Title: DIRECTOR

Address: YOLANDA RODRIGUEZ RINCON

4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: LEONARDO CUBILLOS ROMERO

Address: 4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONARDO CUBILLOS ROMERO

Address: 4506 BLUFF OAK LOOP

KISSIMMEE, FL 34746

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

Handwritten Signature
Required Signature/Registered Agent

07-07-2021
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.

Handwritten Signature
Required Signature/Incorporator

07-07-2021
Date

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