## P2100074715

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del>_</del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
. n_		· 🔏
<del>-</del>	. —	

Office Use Oi

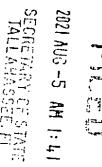
W21000110273



500370884525

08/05/21--01021--009 \*\*70.00

8/1/21



July 22, 2021

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

Re: W-Biscan Services (No

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,

Wladimir Biscan

CARLOS RUIZ
Notary Public-State of Florida
Commission # HH 74168
My Commission Expires
December 21, 2024

62

## **COVER LETTER**

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

CHD IECT: W-BI	SCAN SERVICES INC		
SUBJECT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM: _	MARIA RUIZ Nan	ne (Printed or typed)	
7	7750 SW 117TH AVE SUITE 203		
		Address	
V	IIAMI FLORIDA 33183		
	City	, State & Zip	
3	055952407		
_	Daytime	Telephone number	
M.	ARIAQUIRO\$9@HOTMAIL.COM		
	E-mail address: (to be use	ed for future annual report r	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)

ICLEH - PRING	tion shall be: W-BISCAN SERVICES INC		
reagn rining	Principal street address	Mailing a	iddress, if different is:
ONE STH AVE		16100 NE 8TH A	VE
RTH MIAMI BEA	CH, FLORIDA 33162	NORTH MIAMI	BEACH, FLORIDA 3316
TCLE III - PURPE	OSE	SALE LECAL BUBBOSES	
purpose for which i	he corporation is organized is: ANY ANI		
			_,
ICLE IV SHAR	<u>5S</u> 100 @ \$1.00 FA		
umber of shares of	stock is: 100 @ \$1.00 EA	<del></del>	
ICLE V - INITL	L OFFICERS AND/OR DIRECTORS		
	WLADIMIR BISCAN, PRES	Name and Title:	
	444 F 0 A 10		
Address		Address:	
	NORTH MIAMI BEACH, FL 33162		
Name and Title:		Name and Title;	
Address		Address:	
			3
Name and Title:		Name and Title:	2021 Silo VA
Name and Title: Address			ZOZI AU SECKE
			ORE DA
			TANG -5
			ORE DA

	ad Title:	Name and Title:
Addres	s	Address:
ADDICE DE LA	REGISTERED AGENT	
The name and E	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	WLADIMIR BISCAN	-
Address:	16100 NE 8TH AVE	_
,	NORTH MIAMI BEACH, FLORIDA 33162	_
OPTICLE VII	INCORPORATOR	
	ddress of the Incorporator is:	
	WLADIMIR BISCAN	
Name:	16100 NE 8TH AVE	-
Address:	NORTH MIAMI BEACH, FLORIDA 33162	-
	NORTH WIMWII BEACH, TEORISH 33102	-
filing.)  Note: If the date the document's of th	e inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as
Having been nat	effective date on the Department of State's records.  med as registered agent to accept service of process f	or the above stated corporation at the place designated in this
Having been nar certificate, I am		for the above stated corporation at the place designated in this red agent and agree to act in this capacity
Having been nar certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as register	For the above stated corporation at the place designated in this red agent and agree to act in this capacity  07/27/2021
certificate, I am	Required Signature/Registered Agent  cument and affirm that the facts stated herein are  Department of State constitutes a third degree felon	For the above stated corporation at the place designated in this red agent and agree to act in this capacity    07/27/2021   Date
certificate, I am	med as registered agent to accept service of process framiliar with and accept the appointment as register  Required Signature/Registered Agent  Company and affirm that the facts stated herein are	For the above stated corporation at the place designated in this red agent and agree to act in this capacity  O7/27/2021  Date  True. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.  O7/27/2021