

P23000001918

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : 120200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION WISOL CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

COVER LETTER

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

SUBJECT: WISOL 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: FELIPE WILSON MARTINEZ

Name (Printed or typed)

7015 NW 173 DR APT 205

Address

MIAMI, FL 33015

City, State & Zip

316-268 0207

Daytime Telephone number

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

ARTICLE I NAMEThe name of the corporation shall be: WISOL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7015 NW 173 DR APT 205MIAMI, FL 33015

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawfull business**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NAVAL J LOAIZA JIMENEZ - PRESIDENTAddress Avenida Carrera 68 # 163 Torre 3 Apt-601Bogota ColombiaName and Title: RAYMOND GARCIA PARRADO - VPAddress: Calle 152B # 5610 Torre 9 Apt-902Bogota ColombiaName and Title: FELIPE WILSON MARTINEZ - TREASURERAddress 7015 NW 173 DR APT 205MIAMI, FL 33015Name and Title: IVONNE AMAYA CORTES - SECRETARYAddress: Avenida Carrera 68 # 163 Torre 3 Apt-601Bogota Colombia

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: LAMADRID FINANCIAL SERVICES CORP
Address: 10154 W Flagler Street
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FELIPE WILSON MARTINEZ
Address: 7015 NW 173 DR APT 205
MIAMI, FL 33015

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
01/04/2023
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.

Felipe W Martinez
Required Signature/Incorporator
01/04/2023
Date

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