

1/24/23 6:50 PM

Division of Corporations
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To:

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

From:

Account Name : RIVEROS CORP.
Account Number : I20190000048
Phone : (305)507-8464
Fax Number : (239)228-2074

****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 LIMITED LIABILITY CO.

WIROSCA CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

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

WIROSCA CORP

SUBJECT: _____
(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: _____
Name (Printed or typed)

11266 NW 59 TERR

Address

MIAMI, FL 33178

City, State & Zip

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.

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 WIROSCA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

11266 NW 59 TERR
MIAMI, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

ANY LEGAL AND LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title.	<u>SILVA, WILFREDO</u>	<u>PRES</u>	Name and Title.	<u>BOROES, MARY</u>	<u>SEC</u>
Address	<u>11266 NW 59 TERR</u>		Address.	<u>2643 SHERMAN STREET</u>	
	<u>MIAMI, FL 33178</u>			<u>HOLLYWOOD, FL 33020</u>	
	<u></u>			<u></u>	

Name and Title.	<u>DE SILVA, ROSA</u>	<u>TRES</u>	Name and Title.	<u></u>
Address	<u>11266 NW 59 TERR</u>		Address.	<u></u>
	<u>MIAMI, FL 33178</u>			<u></u>
	<u></u>			<u></u>

Name and Title.	<u></u>	Name and Title.	<u></u>
Address	<u></u>	Address.	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BCS BRICKELL CORPORATE SERVICES INC
Address: 175 SW 7TH ST STE 1806
MIAMI, FL 33130

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: WILFREDO SILVA
Address: 11268 NW 56 TERR
MIAMI, FL 33178

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 01/24/2023
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.

Required Signature/Incorporator 01/24/2023
Date