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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DOSSANTOS AND MACHADO,LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
ROSOLEN SOLUTIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF
STATE

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COVER LETTER

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

1123000144771 3

SUBJECT: ROSOLEN SOLUTIONS 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:** GILVAM DOS SANTOS

Name (Printed or typed)

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City, State & Zip

754-301-2128

Daytime Telephone number

INFO@GFSTAXACCT.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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TALLAHASSEE, FL 32314
CLERK OF SUPERIOR COURT

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

H23000144771 3

ARTICLE I NAMEThe name of the corporation shall be: ROSOLEN SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2572 WOODGATE BLVD APT 202ORLANDO FL 32822

Mailing address, if different is:

2572 WOODGATE BLVD APT 202ORLANDO FL 32822**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

CONSULTING SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FABRICIO ANDRE ROSOLEN- PRESIDENT

Name and Title: _____

Address 2572 WOODGATE BLVD APT 202

Address: _____

ORLANDO FL 32822

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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23 APR 18 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Name and Title:

Name and Title:

Address:

Address:

H230001447713

ARTICLE VI - REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

FABRICIO ANDRE ROSEN

Address:

2572 WOODGATE BLVD APT 202

ORLANDO FL 32822

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

Name:

FABRICIO ANDRE ROSEN

Address:

2572 WOODGATE BLVD APT 202

ORLANDO FL 32822

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

04/19/2023

Date

If 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

04/19/2023

Date