

9/26/23, 10:40 AM

Division of Corporations

P2300069552

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : 120180000102
Phone : (305)799-7633
Fax Number : (786)783-3650

SEP 26 2023
CHATHAM

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

Email Address: _____

RECEIVED

2023 SEP 26 AM 11:28

FLORIDA PROFIT/NON PROFIT CORPORATION

Roller Sur Corp

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2023 SEP 26 PM 8:12

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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: Roller Sur Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

890 SE 5th PL Miami, Florida 33010

Mailing address, if different is:

SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paola Vanesa Troccoli /P

Address: 890 SE 5th PL

Miami, Florida 33010

ARTICLE VI REGISTERED AGENT

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

Name Paola Vanesa Troccoli

Address: 890 SE 5th PL

Miami, Florida 33010

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8:12

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paola Vanesa Troccoli

Address: 890 SE 5th PL
Miami, Florida 33010

2000 JAN 26 AM 8:12

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

PAI Paola Vanesa Troccoli

Required Signature/Registered Agent

01/26/23

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.

PAI Paola Vanesa Troccoli

Required Signature/Incorporator

01/26/23

Date