

Oct 11, 2023 08:38 (UTC-04)

From: (1) 8649694 (FAX PLUS)

to: 18706176381

1 of 3

P23000073114

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 : RODRIGUEZ R. & CO. LLC
Account Number : I20180000052
Phone : (305)496-8203
Fax Number : (786)496-9445

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

Email Address: RAUL.RODRIGUEZ@RCC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
VICELSA CORP

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

2023 OCT 11 AM 9:07

RECEIVED

DIVISION OF CORPORATIONS
CORPORATION

2023 OCT 11 AM 11:00

2023 OCT 11 AM 11:00

FILED

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: VICELSA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4267 IRONWOODS CT
WESTON FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL JOSE DI GERONIMO BUSTAMANTE

Name and Title: VICTOR JOSE DI GERONIMO BUSTAMANTE

Address: PRESIDENT

Address: SECRETARY

4267 IRONWOODS CT

4267 IRONWOODS CT

WESTON FL 33331

WESTON FL 33331

Name and Title: ANDREINA MARGARITA DI GERONIMO BUSTAMANTE

Name and Title: ADRIANA MARGARITA DI GERONIMO BUSTAMANTE

Address: VICE-PRESIDENT

Address: DIRECTOR

4267 IRONWOODS CT

4267 IRONWOODS CT

WESTON FL 33331

WESTON FL 33331

Name and Title: ELSA ADELINA BUSTAMANTE DE DI GERONIMO

Name and Title:

Address: DIRECTOR

Address:

4267 IRONWOODS CT

WESTON FL 33331

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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: RAUL RODRIGUEZ

Address: 8200 NW 41ST STE 200 MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL RODRIGUEZ

Address: 8200 NW 41ST STE 200

MIAMI FL 33166

FILED
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 CLERK OF STATE
 TALLAHASSEE, FL

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

RAUL RODRIGUEZ
 Required Signature/Registered Agent

10/10/2023
 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.

RAUL RODRIGUEZ
 Required Signature/Incorporator

10/10/2023
 Date

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