

12/18/23, 9:24 AM

Division of Corporations

**P230004294873**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL  
Account Number : I20220000155  
Phone : (305)854-0800  
Fax Number : (305)854-0800

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

Email Address: frui2@wsh-law.com

80:01

2023 DEC 20 PM 11:31

ED

**FLORIDA PROFIT/NON PROFIT CORPORATION  
WILD VALLEY CAPITAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu    Corporate Filing Menu    Help

Act, this communication is from a debt collector. Any information obtained will be used for the purpose of collecting a debt.

**From:** corphelp <[corphelp@DOS.MyFlorida.com](mailto:corphelp@DOS.MyFlorida.com)>  
**Sent:** Wednesday, December 20, 2023 8:38 AM  
**To:** Fernanda Ruiz-Ramos <[FRuiz@wsh-law.com](mailto:FRuiz@wsh-law.com)>  
**Subject:** RE: Rejected Filing - Wild Valley Capital, Inc

Good morning,

Here's a copy of the correspondence that was sent to you that needs to be corrected on the original articles you filed:

December 19, 2023

WEISS SEROTA HELFMAN COLE & BIERMAN PL

,

SUBJECT: WILD VALLEY CAPITAL, INC.  
REF: W23000168062

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey                      FAX Aud. #: H23000429487  
Regulatory Specialist II              Letter Number: 423A00028889

Jessica Finson  
Regulatory Specialist III  
Internet Access  
Division of Corporations  
Department of State

**From:** Fernanda Ruiz-Ramos <[FRuiz@wsh-law.com](mailto:FRuiz@wsh-law.com)>  
**Sent:** Wednesday, December 20, 2023 7:20 AM  
**To:** corphelp <[corphelp@DOS.MyFlorida.com](mailto:corphelp@DOS.MyFlorida.com)>  
**Subject:** Rejected Filing - Wild Valley Capital, Inc

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

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Good morning.  
Could you please let us know why this filing was rejected?  
Thank you for your help.  
Kind Regards .  
Fernanda

DocuSign Envelope ID: 8F546FB1-B122-470E-87CE-4E42E3D343FF

### COVER LETTER

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

**SUBJECT:** WILD VALLEY CAPITAL, INC  
**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Fabio Giallanza  
Name (Printed or typed)

2800 Ponce de Leon Blvd, Ste 1200  
Address

Coral Gables, FL 33134  
City, State & Zip

305-854-0800  
Daytime Telephone number

frui@wsh-law.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

DocuSign Envelope ID: 8F546FB1-B122-470E-87CE-4E42E3D343FF

**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: WILD VALLEY CAPITAL, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3061 Ohio Street  
Miami, FL 33133

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pablo Nuno - Director & President Name and Title: \_\_\_\_\_

Address 3061 Ohio Street Address: \_\_\_\_\_

Miami, FL 33133 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DocuSign Envelope ID: 8F546FB1-6122-470E-87CE-4E42E3D343FF

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: Fabio Giallanza  
 Address: 2800 Ponce de Leon Blvd. Ste 1200  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pablo Nuno - Director  
 Address: 3061 Ohio Street  
Miami, FL 33133

**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 abovestated 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*

DocuSigned by:  
Fabio Giallanza 12.14.2023  
67781E1567B54D9... Required Signature/Registered Agent Date

*document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

DocuSigned by:  
Pablo Nuno 12.14.2023  
 Required Signature/Incorporator Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a*