

P11000036208Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

46936

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.

(((H11000097086 3)))



H110000970863ABC%

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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 PROFIT/NON PROFIT CORPORATION
vip hospitality hotel supply, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

DIVISION OF CORPORATIONS
11 APR 13 PM 2:07

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 13 AM 10:47

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H11000097086

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

ARTICLE I NAME VIP HOSPITALITY HOTEL SUPPLY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5525 NW 72 AVE
MIAMI, FL 33166

Mailing address, if different is:

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:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P-OSCAR MACHADO
Address: 5525 NW 72 AVE
MIAMI, FL 33166

Name and Title: _____
Address: _____

Name and Title: VP-NEILY A MACHADO
Address: 5525 NW 72 AVE
MIAMI, FL 33166

Name and Title: _____
Address: _____

Name and Title: S/T- MARIA PAULINA MACHADO
Address: 5525 NW 72 AVE
MIAMI, FL 33166

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

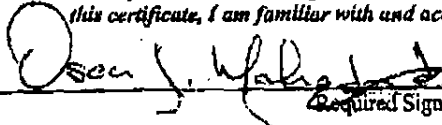
Name: OSCAR MACHADO
Address: 5525 NW 72 AVE
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEXANDRA MACHADO
Address: 5525 NW 72 AVE
MIAMI, FL 33166

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

4/13/2011

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

4/13/2011

Date

H11000097086

11 APR 13 AM 10:47
SECRETARY OF STATE
TREASURER, FLORIDA

2011 APR 13
FILED