Morida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

VALVERDE FITNESS INC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

VALVE	RDE FITNESS INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	strid J Coto Tur	e (Printed or typed)	
17	56 N Bayshore Dr Apt 25K		
		Address	
М	iami, Fl 33132		
	City	, State & Zip	
(7	86) 867-7887	70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_	•	Telephone number	
	lverdefimess@gmail.com	ed for future annual report	notification)
	E-man address, (10 of the	Of In Interior masses rabor.	·

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

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ARTICLES OF INCORPORATION

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

TICLE II PRINC		
	Principal street address	Mailing address, if different
56 N Bayshore Dr A	pt 25K.	SAME ADRESS
iami, Fl 33132		
	oer.	
TICLE III PURPO e purpose for which t	OSE the corporation is organized is:	D ALL LAWFUL BUSINESS
, .		
		
	•	
RTICLE IV SHAR	<u>VES</u> 100	
be number of shares o	f stock is:	
PTICLE V INTI	AND CO STRECTORS	
	AL OFFICERS AND/OR DIRECTORS	
		Name and Title:
Name and Tit	le: Jorge A. Fernandez Valverde. P	
	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K	Name and Title: Address:
Name and Tit	le: Jorge A. Fernandez Valverde. P	
Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K	
Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address:
Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 e: Astrid J. Coto Tur. VP	
Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 Astrid J. Coto Tur. VP	Address:
Name and Tit Address Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 Astrid J. Coto Tur. VP	Address: Name and Title:
Name and Tit Address Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 le: Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K	Address: Name and Title:
Name and Tit Address Name and Tit	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 le: Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K	Address: Name and Title:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title: Address:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 le: Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title: Address: Name and Title:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title: Address: Name and Title:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 le: Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title: Address: Name and Title:
Name and Tite Address Name and Tite Address	le: Jorge A. Fernandez Valverde. P 1756 N Bayshore Dr Apt 25K Miami, Fl 33132 le: Astrid J. Coto Tur. VP 1756 N Bayshore Dr Apt 25K Miami, Fl 33132	Address: Name and Title: Address: Name and Title:

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Name and	l Title:	Name and Title:	_
Address			_
			_
RTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptabl	e) of the registered spent is:	
he <u>name and Fi</u> Name:	Astrid J. Coto Tur	of the registered against to.	
Address:	1756 N Bayshore Dt Apt 25K.		
Addiess.	Miami, Fl 33132		
4 <i>RTICLE VII</i>	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	ERIK GONZALEZ		
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144	-	
	EFFECTIVE DATE: 03/12/2019 f other than the date of filing:	. (OPTIONAL) annot be more than five business days prior or 90 busine	LSS
Note: If the dat		cable statutory filing requirements, this date will not be listed ords.	d as
Having been na this certificate, l	am familiar with and accept the appointment	ocess for the above stated corporation at the place designat as registered agent and agree to act in this capacity	ted in
,	astrid	03/12/2019	
	Required Signature/Registered Agen	Date	
I submit this do document to the	cument and affirm that the facts stated hereis Department of State constitutes a third degree	are true. I am aware that the false information submitted felony as provided for in s.817.155, F.S.	1 in a
	() (05)	03/12/2019	
Requ	uired Signalure/Incomplete	Date	