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(Ře	equestor's Name)				
(Address)					
(Ac	ldress)				
. (Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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12/17/12--01023--002 **87.50

SECRETARY OF STATE

12/18 Jr-62448

COVER LETTER

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

SUBJECT: VAD HABAIES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

□ \$78.75 Filing Fee &

Certificate of Status

□\$78.75

X \$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: SOL ROSENBERG

Name (Printed or typed)

4353 Boyer Terrace

Address

North Port, Florida 34288

City, State & Zip

941-875-4146

Daytime Telephone number

rosenbergyitz@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

株在のEIVED 13 JAN -7 PM 3: 30

ALLEGATE HORDA

December 18, 2012

SOL ROSENBERG 4353 BOYER TERR NORTH PORT, FL 34288

SUBJECT: VAD HABAIES INC. Ref. Number: W12000062448

We have received your document for VAD HABAIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 712A00029810

Division of Compositions DO DOY 6997 Tollahoggas Florida 9991



FLORIDA DEPARTMENT OF STATE Division of Corporations

MEORIVED

13 JAN 17 AH 10:08

January 8, 2013

SOL ROSENBERG 4353 BOYER TERR NORTH PORT, FL 34288

SUBJECT: VAD HABAIES INC. Ref. Number: W12000062448

We have received your document for VAD HABAIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 712A00029810

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	the corporation shall be: VAD HABAIE PRINCIPAL OFFICE		•			
43	Principal <u>street</u> address: 53 Boyer Terrace		Mailing address, if different is: O. Box 381241		,	
No	orth Port, Florida	M	urdock, Florida			
34	34288		33938-1241			
	THE PURPOSE for which the corporation is organized is: VA					
such as 0	C/A etc; to support the family with	Hospital visi	ts, Shopping, Cooking, Clear	ning	, and with	
Clothing	g expenses.					
			SEC	ద		
ARTICLE I	V MANNER OF ELECTION The ma	anner in which the	directors are elected and appointed.	M	Tį.	
By meetir	ng of the Vice President and the S	ecretary	55 55 65 65 75	<u> </u>	ga sababasa	
ARTICLE	V INITIAL OFFICERS AND/OR DII	RECTORS	කුදු ලිග	PH 12: 1	\$ 1.000 \$ 1.00	
	Cal Decembers BRESIDENT		Svetlana Chernikova SECRETARY	9		
Name and Tit		Name and Title		_		
Address	4353 Boyer Terrace	Address:	22250 Vick ST. # 216			
	North Port, Florida		Port Charlotte, Florida	_		
	34288		33980	_		
Name and Tit	le: Sol Rosenberg TREASURE	Name and Title	Sol Rosenberg DIRECTOR	<u>-</u>		
Address	4353 Boyer Terrace	Address:	4353 Boyer Terrace	_		
	North Port, Florida		North Port, Florida			
	34288		24200	-		
	01200		34288			
Name and Ti	Chockel Meisels VICE PRESIDENT	Name and Title				
Name and Tit	Chockel Meisels VICE PRESIDENT		34288			
Name and Tit	Cheskel Meisels VICE PRESIDENT	Name and Title		_		

Name and Title:_		Name and Title:	
Address		Address:	
			
Name and Title:_		Name and Title:	
Address		Address:	
_			
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT accept	otable) of the registered agent is:	TA'S 1:
Name:	Sol Rosenberg		LECAN TAI
Address:	4353 Boyer Terrace		
	North Port, Florida 342	88	F. T.
			PHI2: 49:
The name and ad	<u>INCORPORATOR</u> dress of the Incorporator is:		<u>6</u> 26
Name:	Sol Rosenberg		
Address:	4353 Boyer Terrace		
	North Port, Florida 342	288	
		of process for the above stated corporation at the segistered agent and agree to act in this capacity.	ty .
:	Required Signature of Registered		10/13
Fankinik dita da .			Date
	ment and affirm that the facts stated here. of State constitutes a third degree felony o	in are true. I am aware that any false informatio as provided for in s.817.155, F.S.	n suominea in a document
	× - ~	, /,	0//3
	Required Signature of Incorp	porator	Date