

PO4000128899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

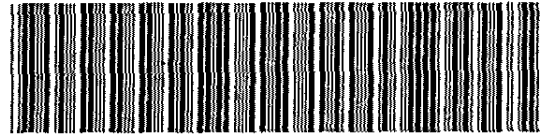
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900040363659

08/30/04--01054--002 \*\*78.75

EFFECTIVE DATE  
08/25/2004

RECEIVED  
TALLAHASSEE, FLORIDA

04 AUG 30 AM 4:08

FILED

1004-33219 TH 9/13/04

**TRANSMITTAL LETTER**

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

SUBJECT: Vestre Mar Business Services, 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  
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 COPY REQUIRED**

FROM: Betty Sylvestre  
Name (Printed or typed)

661 NE 195 St. #210  
Address

North Miami Beach, FL 33179  
City, State & Zip

786-942-9940  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 1, 2004

BETTY SYLVESTER  
661 NE 195 ST  
# 210  
N MIAMI BEACH, FL 33179

SUBJECT: VESTREMAR BUSINESS SERVICES, INC.  
Ref. Number: W04000033219

We have received your document for VESTREMAR BUSINESS SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 104A00053191

RECEIVED  
04 SEP 13 AM 10:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

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

### **Article I NAME**

The name of the corporation is: **VestreMar Business Services, Inc.**

### **Article II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

### **Article III PURPOSE**

To act as a cyber-agent and to conduct any and all lawful business.

### **Article IV SHARES**

The number of shares of stocks will be \$1 per share for 100 shares.

### **Article V INITIAL OFFICERS AND/OR DIRECTORS**

The names, address and titles of the officers and/or directors are:

President Betty Sylvestre  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

Vice-President Elizeu Martins  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

Secretary Betty Sylvestre  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

Treasurer Betty Sylvestre  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

**EFFECTIVE DATE**  
**08/25/2004**

**FILED**  
04 AUG 30 AM 4:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**Article VI REGISTERED AGENT**

The name and address of the Registered Agent:

Betty Sylvestre  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

**Article VII INCORPORATOR**


The name and address of the Incorporator:

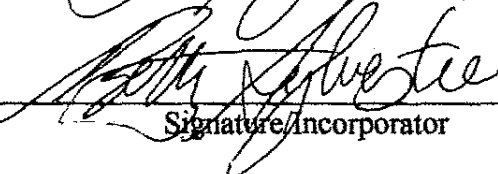
Betty Sylvestre  
661 NE 195 Street, #210  
North Miami Beach, Fl. 33179

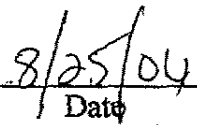
**ARTICLE VIII EFFECTIVE DATE**

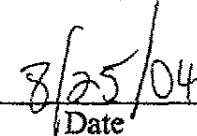
This corporation will have an effective date of August 25, 2004

.....  
*Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date