

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.

(((H050000524493)))

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)205-0381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088 RETARY OF STATE AHASSEE, FLORING

## FLORIDA PROFIT CORPORATION OR P.A.

Vilastida Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu.

Corporate Filing

Public Access Help,

https://efile.sunbiz.org/scripts/efilcovr.exe

3/2/2005

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Vilastida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Vilastida Inc. 1061 Mina Avenue Palm Bay, FL 32907



The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bion Dale 1061 Mina Avenue Palm Bay, FL 32907

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Bion Dale - President 1061 Mina Avenue Palm Bay, FL 32907

### ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Bion Dale 1061 Mina Avenue Palm Bay, FL 32907

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of March 2005.

Bion Dale - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is:    Bion Dale	I. The name of the corporation is:	Vilastida Inc.	
Bion Dale  Name  1061 Mina Avenue  (P.O. Box or Mail Drop Box NOT Acceptable)  Palm Bay, FL 32907  (City / State / Zip)  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the			
Name  1061 Mina Avenue  (P.O. Box or Mail Drop Box NOT Acceptable)  Palm Bay, FL 32907  (City / State / Zip)  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the	2. The name and address of the registe	ered agent and office is:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the		Bion Dale	
(P.O. Box or Mail Drop Box NOT Acceptable)  Palm Bay, FL 32907  (City / State / Zip)  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the		Name	<del></del>
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the		1961 Mina Avenue	
(City   State   Zip)  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the		(P.O. Box or Mail Drop Box NOT Acceptable)	
(City   State   Zip)  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the		Palm Bay, FL 32907	
corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the			
STATE LORIDA	agent and agree to act in this capa relating to the proper and complete	city. I further agree to comply with the provisions of all a e performance of my duties, and am familiar with and ac	the s <u>ta</u> tutes
March 1, 2005	4	March 1, 2005	
Bion Dale (Date) SIGNATURE		(Date)	