

POS000036736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRET  
FALL APASSETT (ORD)

TH 3/10/05

## TRANSMITTAL LETTER

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

**SUBJECT:** VESPA INVESTMENTS CORPORATION  
(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:** ALFREDO ROJAS  
Name (Printed or typed)

P.O. BOX 347138  
Address

Miami, FL 33234  
City, State & Zip

(305) 460-5457  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

VESPA INVESTMENTS CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Address: 8880 NW 20 Street      Mailing Address: P.O. Box 347138  
Miami, FL 33172                      Miami, FL 33234

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES @ \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ALFREDO ROJAS - PRESIDENT & SECRETARY  
ALEJANDRO VALINAS - VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ALFREDO ROJAS  
8880 NW 20 STREET  
MIAMI, FL 33172


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALFREDO ROJAS  
8880 NW 20 STREET  
MIAMI, FL 33172


\*\*\*\*\*

*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*

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

02/25/05

\_\_\_\_\_  
Date

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

02/25/05

\_\_\_\_\_  
Date

05 MAR -2 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA