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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Certified CopiesCertificates of Status			
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Special Instructions to Filing Officer:			
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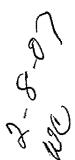
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COVER LETTER

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

SUBJECT: VEL ENVIOS, INC		
(PROPOSED CORPORA	re name – <u>Must Incl</u>	UDE SUFFIX)
•		
Enclosed are an original and one (1) copy of the artic	eles of incomposition and	t a check for
Enclosed are an original and one (1) copy of the arm	cies of meorpotation and	du check for.
☐ \$70.00 ⁻	□\$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	OPY REQUIRED
		<u> </u>
FROM: CARLOS M. VELOSA		
Name	(Printed or typed)	
2200 Whisking Dine Way		
8209 Whistling Pine Way	Address	
r	iddi ¢35	
TAMADA EL ODIDA 00047		
TAMPA FLORIDA 33647	State & Zip	
City,	state of Lip	
(813) 679-9434		
	olanhona numbar	 ,

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:

VEL ENVIOS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2590 E. BEARSS AVE TAMPA FL. 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in or transact any and lawful activities of business permitted under the laws of the United States. The State of Florida, or any state, county, territory or nation.

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS VELOSA.....President

8209 Whistling Pine Way

TAMPA FL 33647

ROCIO CASTANEDA.....Vice-President

FILED

AND FEB-7 P 3 15

SECRETARY OF STATE

SECRETARY OF STATE

O

8209 Whistling Pine Way

TAMPA, FL 33647

ARTICLE VI REGISTERED AGENT

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

CARLOS VELOSA 8209 WHISTLING PINE WAY TAMPA, FL 33647

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CARLOS VELOSA 8209 WHISTLING PINE WAY

TAMPA, FL 33647

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

Men bles	01/08/2007
Signature/Registered Agent	Date
Mulled	, 01/08/2007
Signature/Incorporator	Date