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SECRETARY OF STATE

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# **COVER LETTER**

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

SUBJECT: VILO I	NC			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an origin	al and one (1) copy of the artic	cles of incorporation and	a check for:	
	₹78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: IVONNE C NIEVES  Name (Printed or typed)				
8770 SW 72 ND ST # 454 Address				
MIAMI FL 33173  City, State & Zip				
30	5-3424937	elephone 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:

VILO INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8770 SW 72 ND ST # 454 MIAMI FL 33173

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MISCELLANEOUS PAINTING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVONNE C NIEVES - PRESIDENT 8770 SW 72 ND ST #454 MIAMI FL 33173 JOSE NIEVES - VICE PRESIDENT 8770 SW 72 ND ST #454 MIAMI FL 33173

## ARTICLE VI REGISTERED AGENT

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

IVONNE C NIEVES 8770 SW 72 ND ST # 454 MIAMI FL 33173

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

IVONNE C NIEVES 8770 SW 72 ND ST # 454 MIAMI FL 33173

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

Signature/Incorporator

