

PO7000090778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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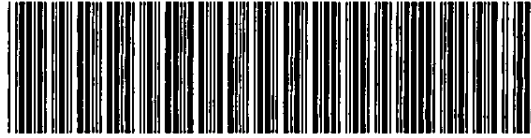
(Business Entity Name)

(Document Number)

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2007 AUG 13 P 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE AUG 13 2007

## COVER LETTER

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

SUBJECT: VJL Ventures, 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: Veronica Lamperti

Name (Printed or typed)

600 Three Islands Blvd. 516

Address

Hallandale, FL 33009

City, State & Zip

954-455-5009

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:

VJL Ventures Corporation

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2007 AUG 13 P 1:12

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TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

600 Three Islands Blvd  
Hallandale FL 33009

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Business Consulting

### **ARTICLE IV SHARES**

The number of shares of stock is:

10

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

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

Veronica Lamperti, President

### **ARTICLE VI REGISTERED AGENT**

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

Bruce Aron  
600 Three Islands Blvd. 516  
Hallandale, FL 33009

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Veronica Lamperti  
600 Three Islands Blvd 516  
Hallandale, FL 33009

\*\*\*\*\*

*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

9/27/07  
\_\_\_\_\_  
Date

7/22/07  
\_\_\_\_\_  
Date