P10000053353

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EFFECTIVE DATE

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TO JUN 24 PM 2: 40

25-10 CB

COVER LETTER

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

SUBJECT:	Vieira Consu	Iting Corp	poration
	(PROPOSED CORPORA	TE NAME MUST INCUL	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM:	Zaida	Tackson (Printed or typed)	
	5304 Wind	onsh Dr. Address	·
<u></u>	Tampo City,	State & Zip	625
	(813) 341 Daytime T	0 – 0039 elephone number	
	E-mail address: Ao be used	on 11@ am	wil-Com

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	Ţ
ARTICLE I NAME The name of the corporation shall be:	
Vieira Consulting Corporation 温 音	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5304 Windbrush Drive	•
5304 Windbrush Drive	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONSULTING SERVILES	
ARTICLE IV SHARES The number of shares of stock is: /O ()	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Chris Jackson - Director - 5304 Windbrush Dr., Tampy, Fl 3 Zouda Jackson - Director - 5304 Windbrush Dr., Tampy, Fl 3362	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Maida Jackson 5304 Windbrush Dr. Tampa Fr. 33625 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Zaida Jackson 5304 Windbrush Dr. Tampa FL 33625 ***********************************	
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	
Signiffic (Registered Agent Date Date Zai da ackson 6/19/10	
170h 12aida Jackson 6/19/10	