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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-03-01
263

COVER LETTER

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

SUBJECT: Virtualized IT, Inc.

(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: Gabriel J. Bellas

Name (Printed or typed)

13223 SW 85 ST RD

Address

Miami, FL 33183

City, State & Zip

(786) 262-3011

Daytime Telephone number

gabrielbellas@gmail.com

E-mail address: (to be used for future annual report notification)

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: Virtualized IT, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13223 SW 85 ST RD
Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide managed information technology services.

ARTICLE IV SHARES 1

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel J. Bellas CEO
Address: 13223 SW 85 ST RD
Miami, FL 33183

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gabriel J. Bellas
Address: 13223 SW 85 ST RD
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel J. Bellas
Address: 13223 SW 85 ST RD
Miami, FL 33183

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

 / Gabriel Bellas
Required Signature/Registered Agent

9/29/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 / Gabriel Bellas
Required Signature/Incorporator

9/29/2010
Date

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