

PI 0000102363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NO COPY

Office Use Only



800188425028

12/20/10--01008--001 **70.00

FILED

2010 DEC 20 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 21 2010

COVER LETTER

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

SUBJECT: VIMA EXPORT 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: MONICA ARELLANO

Name (Printed or typed)

3746 EAST COQUINA WAY

Address

WESTON, FL 33332

City, State & Zip

(954)-659-7626

Daytime Telephone number

ALEX@TRIGOTAX.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

VIMA EXPORT INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3746 EAST COQUINA WAY

WESTON, FL 33332

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MONICA ARELLANO, PRESIDENT

Address: 3746 E COQUINA WAY

WESTON, FL 33332

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: MONICA ARELLANO

Address: 3746 E COQUINA WAY

WESTON, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA ARELLANO

Address: 3746 E COQUINA WAY

WESTON, FL 33332

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]
Required Signature/Registered Agent

12/17/10
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.

[Signature]
Required Signature/Incorporator

12/17/10
Date

FILED
2010 DEC 20 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA