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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| | 10.1.17.10 | | | |
| . (Cit) | y/State/Zip/Phone | ∋ #) | | |
| PICK-UP | | MAIL | | |
| (Bus | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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PS 3/22/11

COVER LETTER

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

| SUBJECT: VERAS GROCERY & I | MORE INC. | |
|--|-------------------------------------|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | nd a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: Margarita Gonzalez | (Printed or typed) | |
| 5300 West 16th Ave Apt | 457 ddress | |
| Hialeah Fl 33012 | State & Zip | |
| 305-469-2498 Daytime Te | elephone number | |
| Margarita-Gonzalez@live E-mail address: (to be used | e.com 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)

| The name of the co | NAME . VERAS GROCERY orporation shall be: | & MORE 1140 | |
|--|--|--|---|
| ARTICLE II | PRINCIPAL OFFICE | | |
| • | Principal street address | Mailing | address, if different is: |
| | 4999 NW 22ND AVE | | |
| | MIAMLEL 33142 | | |
| ARTICLE III | | | |
| ANY LAWFU | which the corporation is organized is: JL BUSINESS | | |
| ARTICLE IV The number of sha | SHARES res of stock is:100 @ \$5.00 EACH | | |
| | _ | ~~~~ | |
| AKTICLE V | INITIAL OFFICERS AND/OR DIRECTION OF THE CONTROL OF | | |
| Address: | 4999 NW 22ND AVE | A dd=agg | |
| Aum C33. | MIAMI FL 33142 | | |
| | | | |
| Name and T | itle: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | · |
| Name and Ti | itle: | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT rida street address (P.O. Box NOT acceptab | ole) of the registered agent is: | |
| Name: | MARCOS A. VERAS | | |
| Address: | 4999 NW 22ND AVE | | |
| | MIAMI FI 33142 | | 平台 喜 工 。 |
| 1 DATA & 1777 | INCORPORATOR | | 25 = F |
| NRTICLE VII | INCORPORATOR Iress of the Incorporator is: | | Mark ∞ M |
| Name: | MARCOS A. VERAS | | |
| Address: | 4999 NW 22ND AVE | | والممرة شبشو |
| | MIAMI FL 33142 | | |
| | / | | ω derica de la constante de l |
| taving been name his certificate, yar | ed as registered arent to agrept service of p in familiar with and accept the appointment of | rocess for the above stated corp is registered agent and agree to t | oration it the place designated a act in this capacity |
| . <i>[][[</i>][]] | 100 1 /1 1/110- | | 03/08/2011 |
| | Required Signature/Registered Agent | t | Date |
| submit this wish | ment and affirm that the facts stated herei | n are true. I am aware that the | false information submitted in |
| ocument to the D | epartment of Softe constitutes a third degree | felony as provided for in s.817.1 | 55, F.S. |
| ////////////////////////////////////// | 10 / 1/1/2 | | |
| * /// Y/M | wold vuen | | 03/08/2011 |
| · M 1 mm | Required Signature/Incorporator | | Date |