## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000097086 3))).



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To:

Division of Corporations

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: (850)617~6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

## vip hospitality hotel supply, inc.

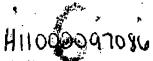
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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address		lling address, if different is:
,	5525 NW 72 AVE		
7	418 to 100 to 10	- <del></del>	
Ľ,	VIAMI, FL 33166	<del></del>	
RTICLE III	<u>PURPOSE</u>		
	hich the corporation is organized is:		
any and al	LL LAWFUL BUSINESS		
RTICLE IV	SHARES		
he number of sha	res of stock is:		
DTICLE O	INITIAL OFFICERS AND/OR DIRE	rrmps	
	itle:P-OSCAR MACHADO		
Address:	5525 NW 72 AVE		
	MIAMI_EL 33166		
	itle: VP-NELLY A MACHADO	Name and Title:	
Address:	5525 NW 72 AVE	Address:	
	MIAMI, FL 33166	<del></del>	
	<del></del>	<del></del>	
Name and T	itle: S/T- MARIA PAULINA MACH	ADO Name and Title:	
Address:	5525 NW 72 AVF		
MIAMI, FL 33166	MIAMI, EL 33166		
	<u></u>		
DWIAT D III	DESIGNATION ASSESSMENT		
	REGISTERED AGENT rida street address (P.O. Box NOT accept	which of the projectored countries	
Name:	OSCAR MACHADO		·
Address:	5525 NW 72 AVE		<u> </u>
I Eddi And	MIAMI_FI_33166		
	• • • • • • • • • • • • • • • • • • • •	<del></del>	12- E.A.
	INCORPORATOR		
	iress of the incorporator is:		
Name:	ALEXANDRA MACHADO	·	
Address:	5525 NW 72 AVE	<del></del>	
	MIAMI, FL 33166	<del></del>	
lavine been nam	ed as registered agent to accept service of	orocess for the above stated	corporation at the place designated i
is certificate. I a	m familiar with and accept the appointmen	t as registered agent and agre	e to act in this capacity
	111	3 0	<u>-</u>
ea lh	lala I		4/13/2011
	Required Signature/Registered Age	ent	Date
·			
submit this docu	iment and affirm that the facts stated her	ein are true. I am aware tha	t the false information submitted in
ocument to the D	epartment of State constitutes a third degre	e felony as provided for in s.b	317.155, F.S.
¥			•
MON CO	Hachouk	~	4/13/2011
			Date

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