

**P11000036208**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (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.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** VIP HOSPITALITY HOTEL SUPPLY, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5525 NW 72 AVE  
MIAMI, FL 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P-OSCAR MACHADO  
Address: 5525 NW 72 AVE  
MIAMI, FL 33166

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: VP-NEILY A MACHADO  
Address: 5525 NW 72 AVE  
MIAMI, FL 33166

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: S/T- MARIA PAULINA MACHADO  
Address: 5525 NW 72 AVE  
MIAMI, FL 33166

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: OSCAR MACHADO  
Address: 5525 NW 72 AVE  
MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEXANDRA MACHADO  
Address: 5525 NW 72 AVE  
MIAMI, FL 33166

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

*Oscar J. Machado*  
Required Signature/Registered Agent

4/13/2011

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.

*Alexandra Machado*  
Required Signature/Incorporator

4/13/2011

Date

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TREASURER, FINANCIAL  
MACHADO