

P11000063833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

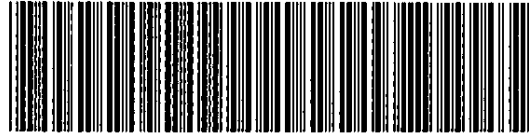
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
11 JUL 13 PM 4:47  
TALLAHASSEE, FLORIDA

K 07/15/11

EFFECTIVE DATE 07/13/11

# TRANSMITTAL LETTER

6 July 2011

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **VI SOLIS, Inc.**

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

✓ \$70.00 Filing Fee

       \$122.50 Filing Fee & Cert. Copy\*

       \$78.75 Filing Fee & Certificate

       \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Valentina Vaccarone  
1348 Palmetto St  
Clearwater, FL 33755  
Tele. 727-204-7246

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.*

## ARTICLE I: NAME

The name of the corporation shall be:

**VI SOLIS, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1348 Palmetto St Clearwater, FI 33755**

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

**1,000**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**Valentina Vaccarone 1348 Palmetto St Clearwater, FI 33755**

## ARTICLE V: INCORPORATOR

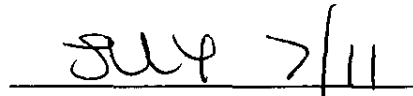
**Valentina Vaccarone 1348 Palmetto St Clearwater, FI 33755**

## ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: **Upon Receipt**

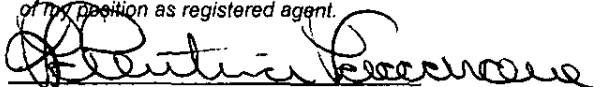


Signature/Incorporator



Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Signature/Registered Agent



Date

**EFFECTIVE DATE 07/13/11**

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11 JUL 13 PM 4:47  
STATE  
PALM BEACH COUNTY, FLORIDA