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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
VE CONSTRUCTION & DESIGN CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

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

ARTICLE I NAME

The name of the corporation shall be:

VE CONSTRUCTION & DESIGN CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

Mailing address, if different is:

5200 SAN AMARO DRIVE
CORAL GABLES, FLORIDA 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICENTE LAGO
Address: 4205 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33146

Name and Title: _____
Address: _____

Name and Title: OLGA S. LAGO
Address: 4205 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33146

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: VICENTE LAGO
Address: 4205 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICENTE LAGO
Address: 4205 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33146

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

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

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