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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 : BARINAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

RECEIVED APR 12 2012

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

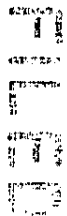
Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
JOHN VERA INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 12 AM 11:50



04/13/12

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **JOHN VERA INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **YANELLE M BARINAS**

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

305-871-0889

Daytime Telephone number

BARINASB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

April 12, 2012
Miami, Florida

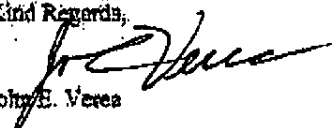
Dear Sir/Madam:

I, John E. Vereas, president of John Vereas Inc., with Document number P10000354882, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owner.

Please send the incorporation documents to:

Barrios & Associates, Inc.
5701 NW 36 ST
Miami, FL 33166

Kind Regards,


John E. Vereas

FILED
12 APR 12 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
 The name of the corporation shall be: **JOHN VERA INC.**

ARTICLE II PRINCIPAL OFFICE
 Principal street address:
432 FERNWOOD RD
KEY BISCAYNE, FL 33149

Mailing address, if different is:

SAME

ARTICLE III PURPOSE
 The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES
 The number of shares of stock is: **10000 SHARES AT .01 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JOHN E. VERA, PVSD	Name and Title:	_____
Address:	432 FERNWOOD RD	Address:	_____
	KEY BISCAYNE, FL 33149		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **JOHN E. VERA**
 Address: **432 FERNWOOD RD**
KEY BISCAYNE, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **JOHN E. VERA**
 Address: **432 FERNWOOD RD**
KEY BISCAYNE, FL 33149

Having been trained as registered agent to accept service of process for the above stated corporation as the place designated in this Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
 Required Signature/Registered Agent

04/12/12
 Date

I submit this statement 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 1.17.13, F.S.

[Signature]
 Required Signature/Incorporator

04/12/12
 Date

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

12 APR 12 AM 11:50