

A120000044979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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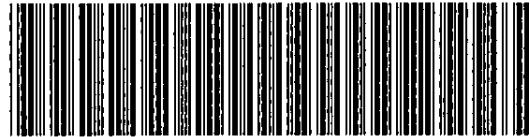
(Business Entity Name)

(Document Number)

Certified Copies: \_\_\_\_\_ Certificates of Status: \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 11 AM 8:11

8/14  
80

## COVER LETTER

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

SUBJECT: VIVEX, 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: VIVEX, INC.

Name (Printed or typed)

20490 OLD CUTLER RD.

Address

CUTLER BAY, FL 33189

City, State & Zip

3054964548

Daytime Telephone number

jkatsoul@msn.com

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

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

## 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: **VIVEX, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
20490 Old Cutler Rd.  
CUTLER BAY, FL 33189

Mailing address, if different is:

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OWN AND OPERATE SERVICE STATION BUSINESS AND PROPERTY at,  
(2730 SHERIDAN ST., HOLLYWOOD, FL 33020)

### **ARTICLE IV SHARES**

The number of shares of stock is: 1000 (ONE THOUSAND)

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

Name and Title: **JOHN KATSOULIS, PRESIDENT** Name and Title: \_\_\_\_\_  
Address: 20490 Old Cutler Rd. Address: \_\_\_\_\_  
CUTLER BAY, FL 33189

Name and Title: **GEORGE KATSOULIS, Vice Pres.** Name and Title: \_\_\_\_\_  
Address: 20490 Old Cutler Rd. Address: \_\_\_\_\_  
CUTLER BAY, FL 33189

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 KATSOULIS**  
Address: 20490 Old Cutler Rd.  
CUTLER BAY, FL 33189

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JOHN KATSOULIS**  
Address: 20490 Old Cutler Rd.  
CUTLER BAY, FL 33189

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

5/8/12

\_\_\_\_\_  
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

5/8/12

\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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