

P13000015464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

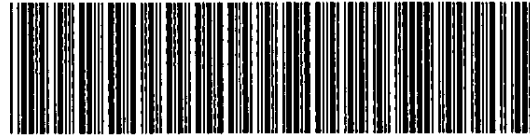
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800244617688

02/14/13--01019--009 **78.75

FILED

13 FEB 14 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPK
2/15/13

COVER LETTER

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

SUBJECT: Villa Vizcaya Recovery, 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: Mario Garcia

Name (Printed or typed)

23401 SW 154 Ave

Address

Homestead, FL 33023

City, State & Zip

305-345-0355

Daytime Telephone number

airrescue@gmail.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: Villa Vizcaya Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

23401 SW 154 Ave

Homestead, FL 33023

Mailing address, if different:

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Garcia Name and Title: _____

Address: 23401 SW 154 Ave Address: _____

Homestead, FL 33023 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

Name and Title: _____ Name and Title: 13 FEB 14 PM 12:27
Address _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Mario Garcia
Address: 23401 SW154 Ave
Homestead, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario Garcia
Address: 23401 SW154 Ave
Homestead, FL 33023

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

Mario J Garcia 1-22-13
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.

Mario J Garcia 1-22-13
Required Signature/Incorporator Date