

PI3000080821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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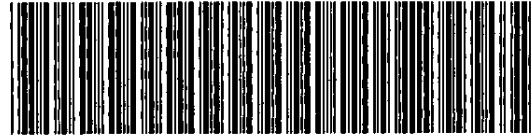
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 SEP 30 AM 8:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: VIVA ORLANDO REALTY 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: VIVA ORLANDO REALTY INC

Name (Printed or typed)

1031 CYPRESS POINTE BLVD

Address

DAVENPORT FL 33896

City, State & Zip

407-922-4620

Daytime Telephone number

milनावalle@aol.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: VIVA ORLANDO REALTY INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

1031 CYPRESS POINTE BLVD
DAVENPORT FL 33896

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: SELLING RESIDENTIAL REAL ESTATE
and PROPERTY MANAGEMENT

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MILENA VALLE</u>	Name and Title:	_____
Address	<u>1031 CYPRESS POINTE BLVD</u>	Address:	_____
	<u>DAVENPORT FL 33896</u>		_____

Name and Title:	<u>JERRY VALLE</u>	Name and Title:	_____
Address	<u>1031 CYPRESS POINTE BLVD</u>	Address:	_____
	<u>DAVENPORT FL 33896</u>		_____

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: MILENA VALLE
Address: 1031 CYPRESS POINTE BLVD
DAVENPORT FL 33896

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MILENA VALLE
Address: 1031 CYPRESS POINTE BLVD
DAVENPORT FL 33896

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
9/26/2013
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
9/26/2013
Date

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