

P/4000047319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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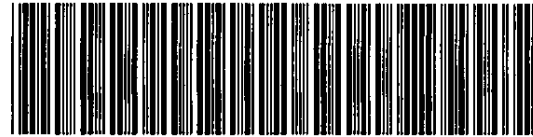
(Business Entity Name)

(Document Number)

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

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14 MAY 28 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*✓* 05/03/14

## COVER LETTER

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

SUBJECT: **VJV INVESTMENTS, 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: **CONSUELO C. FERNANDEZ, ESQ.**

Name (Printed or typed)

**9415 SUNSET DRIVE, SUITE 290**

Address

**MIAMI, FL 33173**

City, State & Zip

**(305) 443-2088**

Daytime Telephone number

**cfernandez@candctitle.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: VJV Investments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3962 Andra Ave., #A-52

Doral, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any activities or  
business permitted under the laws of the United States and  
Florida.

**ARTICLE IV SHARES** 500

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Maria Valentina Jimenez, P.D

Name and Title: \_\_\_\_\_

Address 3962 Andra Ave., #A-52

Address: \_\_\_\_\_

Doral, FL 33178

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: Consuelo C. Fernandez, Esq.  
Address: 9415 Sunset Drive, #290  
Miami, FL 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Consuelo C. Fernandez, Esq.  
Address: 9415 Sunset Drive, #290  
Miami, FL 33173

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*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*

Consuelo C. Fernandez 5/27/2014  
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.*

Consuelo C. Fernandez 5/27/2014  
Required Signature/Incorporator Date