

P140000091498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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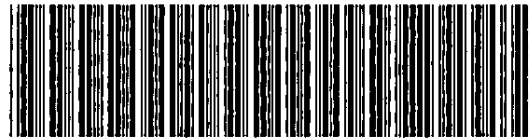
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/14--01018--018 **35.00

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14 NOV -7 PM 4:48
STATE OF FLORIDA
TALLAHASSEE FL 32399

W14-68856

COVER LETTER

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

SUBJECT: **VS1 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: **MARCELO JURADO**

Name (Printed or typed)

407 LINCOLN RD STE 10-E

Address

MIAMI BEACH, FL 33139

City, State & Zip

(305) 531 - 4542

Daytime Telephone number

mjtaxes@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
14 NOV -7 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 30, 2014

MARCELO JURADO
407 LINCOLN RD STE 10-E
MIAMI BEACH, FL 33139

SUBJECT: KARMAN INC
Ref. Number: W14000065856

We have received your document for KARMAN, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 714A00023205

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: VS1 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

407 LINCOLN RD #10-E

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business activity

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SWISSON DELAWARE FUNDS, PRESIDENT

Name and Title: _____

Address: 40 E. MAIN ST. #677

Address: _____

NEWARK, DE 19711-4639

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FBI NEWARK

(cont.)

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:

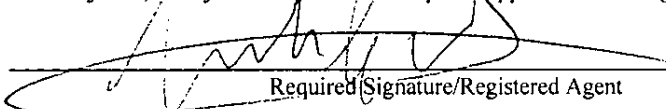
Name: MARCELO JURADO
Address: 407 LINCOLN RD #10-E
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SWISSON DELAWARE FUNDS
Address: 40 E. MAIN ST. #677
NEWARK, DE 19711-4639

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

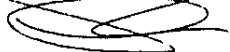


Required Signature/Registered Agent

11/4/2014

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

11/4/2014

Date

14 NOV -7 PM 4:48
FILED
TALLAHASSEE, FLORIDA