

P15000004445

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*gf* 1/16/15

## COVER LETTER

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

SUBJECT: Vida Stable 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: Daniel L Stable

Name (Printed or typed)

3595 NW 181st Street

Address

Miami Gardens Florida 33056

City, State & Zip

305-484-2981

Daytime Telephone number

marielastable73@gmail.com

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

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

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TALLAHASSEE, FLORIDA

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**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: Vida Stable Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

3595 NW 181st Street

Miami Gardens Florida 33056

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Growing fish and other farm based products

**ARTICLE IV    SHARES**    100

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

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

Name and Title: Daniel L Stable- President

Address    3595 NW 181st Street  
              Miami Gardens Florida  
              33056

Name and Title: Mariela Stable - V. President

Address:    3595 NW 181st Street  
              Miami Gardens Florida  
              33056

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

Address    \_\_\_\_\_

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

Address:    \_\_\_\_\_

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

Address    \_\_\_\_\_

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

Address:    \_\_\_\_\_

(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: Mariela Stable

Address: 3595 NW 181st Street

Miami Gardens Florida 33056

**ARTICLE VII INCORPORATOR**


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

Name: Mariela Stable

Address: 3595 NW 181st Street

Miami Gardens Florida 33056

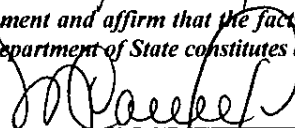
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/07/2015

\_\_\_\_\_  
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

01/07/2015

\_\_\_\_\_  
Date

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