

P15000044612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

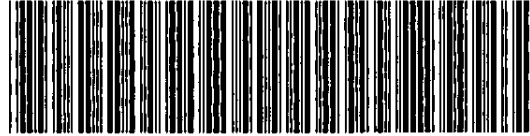
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Have to have a space
between the name & "Inc."
5/19/15
VD

WIS-32207

Office Use Only



800272351288

04/30/15--01012--010 **78.75

APPROVED
AND
FILED
15 MAY 18 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: Vera 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: Angel David Vera Ruiz
Name (Printed or typed)
140 Orchid Woods CT V-17C
Address
Deltona FL 32725
City, State & Zip
321-444-2736
Daytime Telephone number
Ruiz.AngelD@gmail.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

May 6, 2015

ANGEL DAVID VERA RUIZ
140 ORCHID WOODS CT U-17C
DELTONA, FL 32725

SUBJECT: VERA INC
Ref. Number: W15000032207

We have received your document for VERA INC and your check(s) totaling \$78.75. 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.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 415A00009464

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:

DAVID VERA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

140 Orchid Woods CT U-17C
Deltona FL 32725

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Professional maintenance corporation. Be able to provide maintenance to different company where I can demonstrate my commitment and dedication.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Angel David Vera

Name and Title:

Address

Director

Address:

140 Orchid Woods CT U-17C
Deltona FL 32725

Name and Title:

Limariz Perez

Name and Title:

Address

Secretary

Address:

140 Orchid Woods CT U-17C

Name and Title:

Name and Title:

Address

Address:

15 MAY 18 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

(conti.)

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 MAY 18 PM 4:46

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: Angel David Vera Ruiz
Address: 140 Orchid Woods CTU-17C
Deltona FL 32725

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angel David Vera Ruiz
Address: 140 Orchid Woods CTU-17C
Deltona FL 32725

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

Angel David Vera Ruiz 04/17/2015
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.

Angel David Vera Ruiz 04/17/2015
Required Signature/Incorporator Date