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TETRETARY OF STATE

MAY 2 2 2015 S. GILBERT

## **COVER LETTER**

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

SUBJECT:	VERO'S BEACHSI			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	<u>ide suffix</u> )	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: CAESAR V MISTRETTA C/O JHSTRINGER GALLERY  Name (Printed or typed)  3465 CICEAN BRIVE  Address				
VERO BEACH, FLORIDA 32963				

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

City, State & Zip

Daytime Telephone number

JUSGALLERY @ Qol. com

772-271-3900

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: VERU'S BEACHSIDE RETAILUSTRAS COL
ο <sub>το</sub> ΜΠ <b>9: 0 :</b>
ARTICLE II PRINCIPAL OFFICE Principal street address  Mailing address if different is:
3461 OCEAN DRIVE
VERO BEACH FLOZIDA 32963
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO PROHOTE AND PROTECT
VERO BEACHSIDE RETAILERS BY FORMING THIS
RETAILERS ABSOCIATION AND DEALING WITH
SUCH ISSUES AS PARICING, SECURITY, BEATIFICATION
ETC
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: CAESAR V MISTRET TA DIRECTOR Name and Title:
CIO IN STRUCTO CHIOCH
Address Address:  3465 OCEAN DRIVE
VERO BEACH FLURIDA 32967
Name and Title: MEUNDA COOPER DIRECTOR  Name and Title:
Address COCPER & CO Address:
3435 OCEAN DAVE
VERU BEACH, FLURIDA 32963
Name and Title: NANCY COUK, DIRECTUR Name and Title:
Address TWIG SWIMESPURTSWEARL SHOP Address:
3213 UCEAN DRIVE
VAROBEACH FLORIDA 32963

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. B	Box NOT acceptable) of the registered agent is:
Name: CAESAR V MIST	TRETTA
Address: C/O JMSTRING	ER CALLERY
3465 OCEAN	DRWE VEROBERCHIL 3 2863
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: <u>CAESAR VY</u>	IJARETTA
Address: Clo JMS	TRINGER GALLERY
3465 OCE.	TRINGER GALLERY AN DRIVE VERO BEACH IR 32963
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be	(OPTIONAL) be specific and cannot be more than five business days prior or 90 business
days after the filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
	cept service of process for the above stated corporation at the place designated t
this certificate, I am familiar with and accept to	the appointment as registered agent and agree to act in this capacity
Required Signature	
I submit this document and affirm that the fa	acts stated herein are true. I am aware that the false information submitted in
document to the Department of State constitute	tes a third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	uter 5/16/1r