

P15000092916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

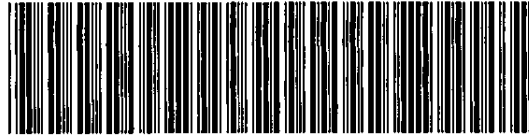
Certified Copies _____ Certificates of Status _____

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14 NOV -9 PM 1:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

V - GAN, CORP.

SUBJECT: _____
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
 ANA D. FESSIA
 Name (Printed or typed)
 2775 NE 187th STREET #418

 Address
 AVENTURA, FLORIDA 33180

 City, State & Zip
 786-413-6924

 Daytime Telephone number
 ana.fessia@yahoo.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

V - GAN, CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2775 NE 187th STREET #418

AVENTURA, FL 33180

ARTICLE III PURPOSE

SERVICE FOR PROVIDING FOOD AND BEVERAGES.

The purpose for which the corporation is organized is: _____

PURPOSE INCLUDE BUT NOT LIMITED TO RESTAURANTS, SPORTING & CULTURAL ACTIVITIES,

FOOD COACHING & TRAINING, FOOD SERVICES RELATED WITH HEALTH AND WELLNESS ,

EVENTS PLANNING, SPORTS EVENT PLANNING, FOOD & BEVERAGES CATERING AND DELIVERY

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA D. FESSIA - DIRECTOR

Name and Title: _____

Address 2775 NE 187th STREET #418

Address: _____

AVENTURA, FLORIDA 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANA FESSIA
Address: 2775 NE 187th STREET #418
AVENTURA, FLORIDA 33180

ARTICLE VII INCORPORATOR

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

Name: ANA FESSIA
Address: 2775 NE 187th STREET #418
AVENTURA, FLORIDA 33180

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/4/2015 (OPTIONAL)

(If an effective date is listed, the date must 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 meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/4/2015
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

11/4/2015
Date