

P16000027660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

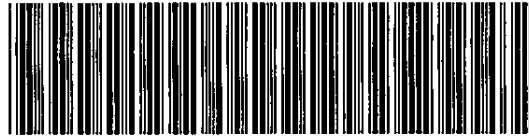
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700283207487

03/22/16--01025--028 **87.50

FILED

16 MAR 22 AM 7:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: vega tile & marble corp

(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: jose vega

Name (Printed or typed)

23840 sw 187 ave

Address

Homestead FL 33031

City, State & Zip

786-451-6639

Daytime Telephone number

joseisgee93@hotmail.com

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

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

FILED

16 MAR 22 AM 7:09

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: vega tile & marble corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

23840 sw 187 ave homestead fl 33031

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to install any type of tile, porcelain, stone, and marble.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: jose vega president

Name and Title:

Address

23840 sw 187 ave Homestead FL 33031

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED

16 MAR 22 AM 7:09

Name and Title: _____

Name and Title: _____

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: jose vega

Address: 23840 sw 187 ave homestead fl 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: jose vega

Address: 23840 sw 187 ave homestead fl 33031

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Jose Vega

Required Signature/Registered Agent

03/11/2016

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.

Jose Vega

Required Signature/Incorporator

02/11/2016

Date