

P16000045448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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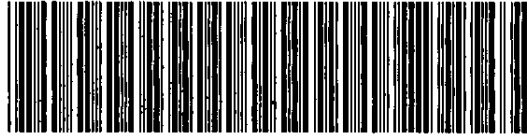
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600285544956

05/16/16--01041--023 **78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TLS
5-24-16

COVER LETTER

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

SUBJECT: Villa Effie Ventures, 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 ☒ \$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: Miguel Alcivar

Name (Printed or typed)

4131 Park Avenue

Address

Coconut Grove, FL 33133

City, State & Zip

305.310.0320

Daytime Telephone number

malcivar@gmail.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

The name of the corporation shall be: Villa Effie Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4131 Park Avenue
Coconut Grove, FL 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful activity for which corporations may be incorporated in this state

ARTICLE IV SHARES

The number of shares of stock is: 250

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Alcivar, President

Name and Title:

Address 4131 Park Ave

Address:

Coconut Grove, FL 33133

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Miguel Alcivar _____

Address: 4131 Park Avenue _____

Coconut Grove, FL 33133 _____

ARTICLE VII INCORPORATOR

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

Name: Miguel Alcivar _____

Address: 4131 Park Ave _____

Coconut Grove, FL 33133 _____

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TALLAHASSEE, FLORIDA

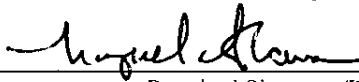
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/5/16. (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

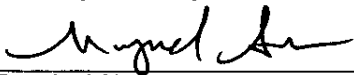


Required Signature/Registered Agent

5/5/16

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

5/5/16

Date