## P16000091653

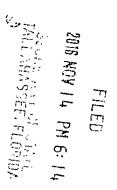
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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## **COVER LETTER**

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

SUBJECT: VIST M	IAMI INC				
SUBJECT:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee,		
		ADDITIONAL CO	PY REQUIRED		
FROM:	LODYMYR STAVSKYI Nam	e (Printed or typed)			
290	174 TH ST APT 1907				
		Address			
SUI	NNY ISLES BEACH, FL 33160				
	City	, State & Zip			
786	-792-0747				
	_	Telephone number			
stav	sky74@gmail.com				
	E-mail address: (to be use	ed 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)

	VIST MIAMI INC		FILED
The name of the corporat	ion shall be:	······································	2016 HOV 14 PM 6: 14
<b>ARTICLE II PRINC</b> 290 174TH ST APT 190	Principal street address	ì	Mailing address, if different is TALL OF ASTREET LUCIUM
SUNNY ISLES BEACH	· · · · · · · · · · · · · · · · · · ·		5
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:		
<u> </u>			
		<del> </del>	
<u>ARTICLE IV SHARI</u>	<u>ES</u> 1000		
The number of shares of	stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	VOLODYMYR STAVSKYI-PRESIDENT	Name and Title	INNA STAVSKA- TRESURER
Address	290 174TH ST APT 1907	Address:	290 174 TH ST APT 1907
	SUNNY ISLES BEACH, FL 33160		SUNNY ISLES BEACH, FL 33160
Name and Title:		Name and Title	
Address		Address:	
Name and Title:		Name and Title	
Address			

Name a	nd Title:	_ Name and Title:	——————————————————————————————————————
Address		Address:	2015 NOY 14 PM 6: 14
			TALL MASSET, TLURIDA
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	f the registered agent	is:
Name:	INNA STAVSKA	_	
Address:	290 174 TH ST APT 1907		
	SUNNY ISLES BEACH, FL 33160	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	VOLODYMYR STAVSKYI	_	
Address:	290 174 TH ST APT 1907	_	
	SUNNY ISLES BEACH, FL 33160	<del></del>	
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(ORT)	IONAL )
(If an effective filing.)	date is listed, the date must be specific and cannot	ot be more than five	days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requi	irements, this date will not be listed as
	med as registered agent to accept service of proces I am familiar with and accept the appointment as re		
	WA		11/07/2016
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware th ny as provided for in	at the false information submitted in s.817.155, F.S.
	Bhil		11/07/2016
Req	uired Signature/Incorporator		Date

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