

P17000044856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

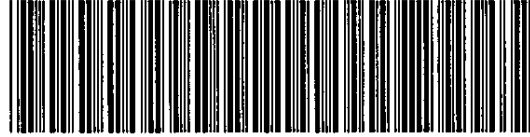
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/16--01038--011 **78.75

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17 MAY 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NA 5/22/17

COVER LETTER

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

Vivian Caram PA

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

Vivian Caram
FROM: _____
Name (Printed or typed)

8595 SW 128 Street

Address

Miami, Fl 33156

City, State & Zip

786-255-0193

Daytime Telephone number

vivian@harvesttropicals.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2016

VIVIAN CARAM
8595 SW 128 STREET
MIAMI, FL 33156

SUBJECT: VIVIAN CARAM PA
Ref. Number: W16000005827

We have received your document for VIVIAN CARAM PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 716A00001821

Document #
W16000005827

COVER LETTER

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

SUBJECT: VIVIAN CARAM P.A.

(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: VIVIAN CARAM

Name (Printed or typed)

8595 SW 128 STREET

Address

MIAMI, FL 33156

City, State & Zip

786-255-0193

Daytime Telephone number

CARAMSELLSHOMES@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: VIVIAN CARAM P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8595 SW 128 STREET

MIAMI, FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS TO SELL GOODS AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIVIAN CARAM Name and Title: _____

Address 8595 SW 128 STREET Address: _____

MIAMI, FL 33156 _____

Name and Title: VIVIAN CARAM PRESIDENT 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: VIVIAN CARAM

Address: 8595 SW 128 STRET

MIAMI, FL 33156

ARTICLE VII INCORPORATOR

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

Name: VIVIAN CARAM

Address: 8595 SW 128 STREET

MIAMI, FL 33156

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TALLAHASSEE FLORIDA

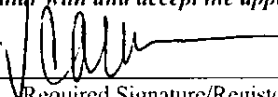
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/18/2017. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

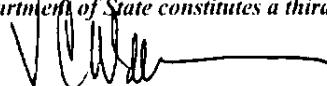
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/18/17
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

5/18/17
Date