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FAX No.

P.001

5/24/2017

Division of Corporations

P17000046538

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
V.I.P. INTERNATIONAL SERVICES CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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P.002

850-617-6381

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May 25, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: V.I.P. INTERNATIONAL SERVICES CORP.
REF: W17000044698

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000141359
Letter Number: 817A00010604

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: V.I.P. INTERNATIONAL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5440 NW 107 AVE UNIT 210DORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GERARDO A. PALACIOS (P)

Name and Title: _____

Address 5440 NW 107 AVE

Address: _____

UNIT 210DORAL, FL 33178Name and Title: KATHLEEN P. PASQUALATTO (V/P)

Name and Title: _____

Address 11251 NW 88TH TERR

Address: _____

DORAL, FL 33178

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: GERARDO A. PALACIOS
Address: 5440 NW 107 AVE UNIT 210
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GERARDO A. PALACIOS
Address: 5440 NW 107 AVE UNIT 210
DORAL, FL 33178

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 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

5/23/2017
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

5/23/2017
Date