

P18000081521

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION VALEROZA INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
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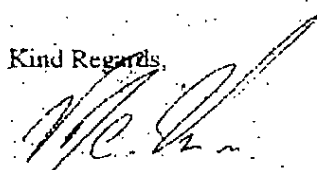
September 19, 2018
Miami, Florida.

Dear Sir/Madam:

I, Valeria C. Vera, Manager of VALEROZA LLC., with Document number L18000212622, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owner.

Please contact me at (305) 871-0889 should you require further information or have any concerns.

Kind Regards,

A handwritten signature in dark ink, appearing to read 'V.C. Vera', with a long, sweeping flourish extending upwards and to the right.

Valeria C. Vera

ARTICLES OF INCORPORATION

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

ARTICLE I NAME VALERGA INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

3105 NW 107TH AVE, STE 400

DORAL, FL 33172

Mailing address, if different is:

CALLE TOLTECASS 166 HOF F 900

COLONIA CAROLA

QUINTANA ROO, MEXICO, C.P. 99000

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Address: VALERIA C. VERA

3105 NW 107TH AVE, STE 400

DORAL, FL 33172

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: VALERIA C. VERA

Address: 3105 NW 107TH AVE, STE 400

DORAL, FL 33172

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIA C. VERA

Address: 3105 NW 107TH AVE, STE 400

DORAL, FL 33172

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 Agent19-SEP-2018
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.817.35, F.S.

Required Signature/Incorporator19-SEP-2018
Date