

P180000082063

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000284844 3)))



H180002848443ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
VINCENT'S PLACE, INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

2018 OCT 10 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VINCENT'S PLACE, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4390 SW 112TH PLACEMIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES PAR VALUE @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VINCENT FERNANDEZ, PD

Name and Title: _____

Address: 4390 SW 112TH PLACE

Address: _____

MIAMI, FL 33165Name and Title: MERCEDES LIZA CASTRO, VP

Name and Title: _____

Address: 4390 SW 112TH PLACE

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address: _____

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: MERCEDES LIZA CASTRO
Address: 4390 SW 112TH PLACE
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

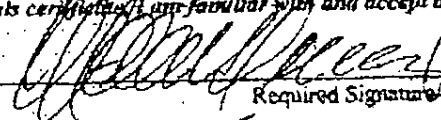
Name: VINCENT FERNANDEZ, PO
Address: 4390 SW 112TH PLACE
MIAMI, FL 33183

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.

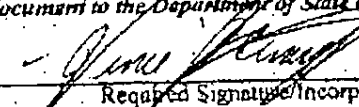


Required Signature/Registered Agent

10/1/2018

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.817.155, F.S.



Required Signature/Incorporator

10/1/2018

Date