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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fill	ing Officer:	j
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N CULLIGAN
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January 11, 2019

LUZ PUNTO 6012 EL DORADO DR TAMPA, FL 33615

SUBJECT: VINITIQUE WAREHOUSE IN TAMPA INC.

Ref. Number: W19000003416

We have received your document for VINITIQUE WAREHOUSE IN TAMPA INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Letter Number: 219A00000832

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

DO DOY GOOD WILL BY 11 DOGS

COVER LETTER

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

SUBJECT: V	LNTIQUE WARE	VYOUSE IN T TENAME-MUSTINGE	AMPA JUC.
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	LUZ PU Name	NTO (Printed or typed)	
	6012 EL	DORADO D	DR
	TAMPA City.	1 336V	5
	SV3 - Daytime Te	388 - 715 elephone number	ر ا
	puntotme aol E-mail address: (to be used		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)

<u>ARTICLE 1</u> <u>NAME</u> The name of the corporation s	shall be: VINTI	QUE WAR	EHOUSE I	N TAMPA	IN C
ARTICLE II PRINCIPA				ress, if different is:	-
1717 W. A TAMPA, FL		 -			
ARTICLE III PURPOSE The purpose for which the co		us home fur	nishings and	d decor	f
exparted.					
				19 JAN 2	: :
	is: 100 FICERS AND/OR DIRECT UZ PUNTO PR		nd Title:	SSEE, FALORIDA	
	AMPA, FL 3		s:		
Address	ernavao Punto/1 6012 El Dorado Tampa, FL 331	Dr Address			

Name and	Title: Name and Title:	:
Address	Address:	
ARTICLE VI RI	EGISTERED AGENT	
	ida street address (P.O. Box NOT acceptable) of the registered age	ent is:
	LUZ PUNTO	19 1
	GOIZ EL DORADO DR	
-	TAMPA FL 33615	75 15 TT
<u>ARTICLE VII - IN</u>	'CORPORATOR	SSEE, FLORING
	ress of the Incorporator is:	SE SE
Name:	LUZ PUNTO	Dr.
Address:	6012 EL DORADO DR	
ridal 635.	TAMPA, FL 33615	
ARTICLE VIII E	FFECTIVE DATE:	
(If an effective date	her than the date of filing: $\frac{12-20-18}{20}$. (OP) is listed, the date must be specific and cannot be more than five	TIONAL) ve days prior or 90 days after the
filing,)		
	serted in this block does not meet the applicable statutory filing require date on the Department of State's records.	quirements, this date will not be listed as
Note: If the date in: the document's effect		
the document's effec		
the document's effect Having been namea	das registered agent to accept service of process for the above state familiar with and accept the appointment as registered agent and a	ted corporation at the place designated i agree to act in this capacity
the document's effect Having been namea	l as registered agent to accept service of process for the above stat familiar with and accept the appointment as registered agent and	agree to act in this capacity
the document's effect Having been namea	as registered agent to accept service of process for the above stat	ted corporation at the place designated is agree to act in this capacity 12 - 20 - † 8 Date
the document's effect Having been namea this certificate, I am Lug I submit this docum	as registered agent to accept service of process for the above stated familiar with and accept the appointment as registered agent and a Required Signature/Registered Agent and affirm that the facts stated herein are true. I am aware to the state of th	agree to act in this capacity 12 - 20 - 18 Date that the false information submitted in
the document's effect Having been nameathis certificate, I am Lug I submit this docum	as registered agent to accept service of process for the above state familiar with and accept the appointment as registered agent and a second service. Required Signature/Registered Agent	agree to act in this capacity 12 - 20 - 18 Date that the false information submitted in