

P19000055338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

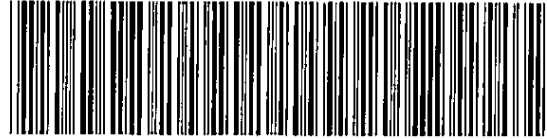
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CLERK OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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THE VIP 2019, INC

- Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: BA _____
Name _____ Date 7/9/19 Time _____
Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: THE VIP 2019, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: ADV ACCOUNTING & TAX SERVICES LLC

Name (Printed or typed)

12701 S JOHN YOUNG PKWY SUITE 209A

Address

ORLANDO FL 32837

City, State & Zip

407-641-0810

Daytime Telephone number

arleendavila@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: THE VIP 2019, INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>6700 CONROY RD</u> <u>SUITE 110</u> <u>ORLANDO FL 32835</u>	Mailing address, if different is: <u>6700 CONROY RD</u> <u>SUITE 110</u> <u>ORLANDO FL 32835</u>
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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: <u>VIRGINIA FELIZOLA -PRESIDENT</u> Address: <u>6700 CONROY RD</u> <u>SUITE 110</u> <u>ORLANDO FL 32835</u>	Name and Title: <u>EDUARDO GUILLEN - VP</u> Address: <u>6700 CONROY RD</u> <u>SUITE 110</u> <u>ORLANDO FL 32835</u>
Name and Title: <u>TRANSFLETE 20019 INVESTMENTS LLC - T</u> Address: <u>6700 CONROY RD</u> <u>SUITE 110</u> <u>ORLANDO FL 32835</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

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CLERK OF CIRCUIT COURT
ORLANDO, 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: VIRGINIA FELIZOLA
 Address: 6700 CONROY RD SUITE 110
ORLANDO FL 32835

ARTICLE VII INCORPORATOR

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

Name: ADV ACCOUNTING & TAX SERVICES I.I.
 Address: 12701 S JOHN YOUNG PKWY STE 209A
ORLANDO FL 32837

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/05/2019 (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

Felizola B.

Required Signature/Registered Agent

07/12/2019

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.

Aileen Paula Vaz

Required Signature/Incorporator

07/12/2019

Date

FILED
 JUL 12 2019
 09 PM 2:08
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA