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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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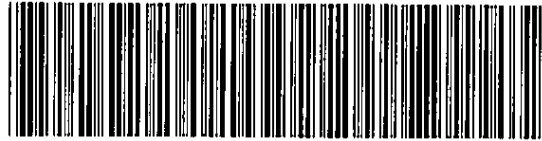
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 12 2019

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 12 PM 2:43

COVER LETTER

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

SUBJECT: Vast Sky Tech, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gil Figueroa

Name (Printed or typed)

4533 MacArthur Blvd, Box 248

Address

Newport Beach, CA 92660

City, State & Zip

949 836-4400

Daytime Telephone number

gil.figueroa@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: Vast Sky Tech, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2823 N Course Dr.

Mailing address, if different is:

Number 205

Pompano Beach, FL 33069

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: 150,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Figueroa, Gil
Executive Chairman

Address

Name and Title:

Address:

Name and Title: Perez, Giovanni H.
President and Director

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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DIVISION OF CORPORATIONS
19 AUG 12 PM 2:43

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: Perez, Giovanni H.
Address: 2823 N Course Dr., No. 205
Pompano Beach, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gil Figueroa
Address: 4533 MacArthur Blvd. No 248
Newport Beach, CA 92660

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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

8/8/2019
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.

Required Signature: Incorporator

8/8/2019
Date