

Division of Corporations

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PIA 000071156

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES  
Account Number : 075350000353  
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TALLAHASSEE, FLORIDA

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**\*\*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  
THE VISTA COMPANY INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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

**ARTICLE I NAME** The Vista Company Inc  
The name of the corporation shall be: \_\_\_\_\_

<b>ARTICLE II PRINCIPAL OFFICE</b>	Mailing address, if different is:
Principal <u>street</u> address	
671 VISTA MEADOWS DR	671 VISTA MEADOWS DR
WESTON, FL 33327	WESTON, FL 33327

**ARTICLE III PURPOSE** to engage in any lawful act or activity for  
The purpose for which the corporation is organized is: \_\_\_\_\_  
which corporations may be organized.

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Andrea Nejaim/President	Name and Title:	_____
Address	671 VISTA MEADOWS DR	Address:	_____
	WESTON, FL 33327		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

19 SEP 17 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, 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: Andrea Nejaime  
Address: 671 VISTA MEADOWS DR  
WESTON, FL 33327

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Andrea Nejaime  
Address: 671 VISTA MEADOWS DR  
WESTON, FL 33327

**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 business days prior or 90 business 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*

Andrea Nejaime \_\_\_\_\_ Date  
Required Signature/Registered Agent

*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.*

Andrea Nejaime \_\_\_\_\_ Date  
Required Signature/Incorporator