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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

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
VESTA BRAVO, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75



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COVER LETTER

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

SUBJECT: VESTA BRAVO, 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

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status
ADDITIONAL COPY REQUIRED

FROM: ALLSTATE CORPORATE SERVICES CORP.
Name (Printed or typed)

2215 HENDRICKSON STREET, SUITE 1
Address

BROOKLYN, NY 11234
City, State & Zip

800-906-9220
Daytime Telephone number

FILING@ACS123.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: VESTA BRAVO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2953 KOKOMO LOOP

2953 KOKOMO LOOP

HAINES CITY, FL 33844

HAINES CITY, FL 33844

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under Florida State Law.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNA ARONOVA - PRESIDENT

Name and Title: ANNA ARONOVA - DIRECTOR

Address: 2953 KOKOMO LOOP

Address: 2953 KOKOMO LOOP

HAINES CITY, FL 33844

HAINES CITY, FL 33844

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: REGISTERED AGENT SOLUTIONS, INC.
Address: 155 Office Plaza Dr., Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

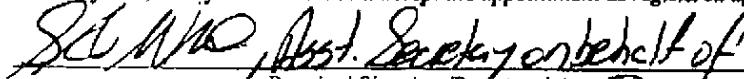
Name: STEVEN WEISS
Address: 2215 HENDRICKSON STREET, SUITE 1
BROOKLYN, NY 11234

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 *Steven Weiss*, *Registered Agent Solutions, Inc.* Date 11/01/2019

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 Steven Weiss Date 11/01/2019