

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VDT CORPORATE SERVICES

Account Number : 120130000047 : (305) 978-1516 Fax Number : (786)542-5995

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Smail | Address: | | |
|-------|----------|--|--|
| | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION VPA BUSINESS CORP

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Corporate Filing Menu

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COVER LETTER

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

| SUBJECT: VP | A BUSINESS CORP | | | | |
|-----------------------|--|-------------------------------------|---------------------------|--|--|
| SOBOBCI | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) | | |
| Enclosed are an | original and one (1) copy of the art | icles of incorporation and | l a check for: | | |
| ■ \$70.0 Filing Fe | | \$78.75 Filing Fee & Certified Copy | & Certificate o Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: | VDT CORPORATE SERVICES LLC Nam | e (Printed or typed) | | | |
| | 150 SE 2ND AVE SUITE 905 | | | | |
| | | Address | | | |
| | MIAMI, FLORIDA 33131 | | | | |
| | City | State & Zip | | | |
| | +1 (305) 503-9867 | | | | |
| | Daytime Telephone number | | | | |
| | INCORPORATION@SAINTJOSEPHGROUP.COM | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

| LEII PRIN | CIPAL OFFICE Principal street address Pass - Delray Beach, FL - 33446 | Mailing address, if d | Ilfferent is: |
|--|--|--|---------------|
| | | | |
| | 200 | GEMENT/CONSULTING | |
| | | | <u> </u> |
| | | | |
| | | | |
| IFIV CUA | DES | | |
| Name and Ti | IAL OFFICERS AND/OR DIRECTORS tle: | T Name and Title: | |
| nber of shares o | IAL OFFICERS AND/OR DIRECTORS tle: | | |
| Mber of shares of the shares of the share and Ti | MAL OFFICERS AND/OR DIRECTORS Leonardo Reis Salgado - PRESIDEN 9607 Highland Pointe Pass Delray Beach, FL - 33446 | T Name and Title: | |
| Mber of shares of the shares of the share and Ti | MAL OFFICERS AND/OR DIRECTORS Leonardo Reis Salgado - PRESIDEN 9607 Highland Pointe Pass Delray Beach, FL - 33446 | T Name and Title: Address: Name and Title: | |
| Name and Tit | IAL OFFICERS AND/OR DIRECTORS Leonardo Reis Salgado - PRESIDEN 9607 Highland Pointe Pass Delray Beach, FL - 33446 | T Name and Title: Address: Name and Title: | |
| Name and Tit Address Name and Tit Address | IAL OFFICERS AND/OR DIRECTORS Leonardo Reis Salgado - PRESIDEN 9607 Highland Pointe Pass Delray Beach, FL - 33446 | T Name and Title: Address: Name and Title: | |

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| Name and Title: | | Name and Titlo: | |
|---|---|---|--|
| Addres | | Address: | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable | of the registered agent is: | |
| Name: | VDT CORPORATE SERVICES LLC | _ | |
| Address: | 150 SE 2ND AVE SUITE 905 | <u></u> | |
| | MIAMI, FLORIDA | <u> </u> | |
| ARTICLE VII | INCORPORATOR | | |
| The pame and a | address of the Incorporator is: | | |
| Name: | JOAO PEDRO VOLZ | _ | |
| Address: | 150 SE 2ND AVE SUITE 905 | | |
| | MIAMI, FLORIDA 33131 | | |
| Effective date, i (If an effective filing.) Note: If the dat the document's | date is listed, the date must be specific and en- te inserted in this block does not meet the applical effective date on the Department of State's record | | |
| this certificate, i | inied as registered agent to accept service of prod I am famillar with and accept the appointment as | ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity | |
| <=== | | Feb 17,2020 | |
| | Required Signature Registered Agent | Date | |
| | cument and affirm that the fucts stated herein to Department of State co nstitutes a third degree fe | ire true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S. | |
| Requ | uired Signadire Incorporator | 02/17/20 Date | |
| | | | |

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