Division of Corporations Electronic Filing Count Sh

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 120070000033

Phone : (305)649-7040

Fax Number

: (305)643-3237

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

FLORIDA PROFIT/NON PROFIT CORPORATIO VEROCCA CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VEROCCA CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

925 NE 209 ST APT 203 MIAMI, FL 33179

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VERONICA M HERSZKOWICZ 925 NE 209 ST APT 203 MIAM, FL 33179

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

VEROCCA CORP

1. The name and address of the registered agent and office is:

VERONICA HERSZKOWICZ 925 NE 209 ST APT 203 MIAMI, FL 33179

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT. THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE VERNICE HOSZEWICZ DATE 2-27-2020

ARTICLE V INCORPORATORS(S)

The name(s) and address (is) of the incorporator(s) to these Articles of Incorporation is (are):

VERONICA HERSZKOWICZ 925 NE 209 ST APT 203 MIAMI, FL 33179 **PRESIDENT**

ARTICLE VI DIRECTOR(S)

The name (s) and street address (is) of the director(s) to these Articles Of Incorporation is (are):

VERONICA HERSZKOWICZ 925 NE 209 ST APT 203 MIAMI,FL 33179 PRESIDENT

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this February 27, 2020

Venna Herszkowicz SIGNATURE