Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

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

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION VECONA FOOD SERVICE, CORP

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

VECONG FOOD SERVICE, CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
942 Grey Fox Ave Fl.
Sebring 33875.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE III STARES: The number of shares of stock is.
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Julio B. Rodriguez - PRESIDENT
Suemis Comales-Vice Creschot
947 Grey Fox are-FC-
Jesung 33817 = E T
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
942 Sour Fox are FL
Seleng - 33875
TOWN OF THE THEORY OF THE TOWN
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
942 GREY FOX AVE
SEBRING FLORIDA 33875

Required Signatures:

Having been named as registered agent to accept service of process for the above state 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

Files Fodes que? 06/21/20
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.

Incorporator

T I L E D