

# P20000055101

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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2020 JUL 26 PM 1:48

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SECRETARY OF STATE  
TALLAHASSEE, FL

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N C  
JUL 24 2020

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VIAJERO HOSTELS US, CORP.

Signature \_\_\_\_\_

Requested by: SETH

07/23/20

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

## COVER LETTER

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

SUBJECT: VIAJERO HOSTELS US, CORP.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: GREG HERSKOWITZ  
Name (Printed or typed)

9130 S. DADELAND BLVD., SUITE 1609  
Address

MIAMI, FLORIDA 33156  
City, State & Zip

305-4231259  
Daytime Telephone number

greg@hslawfl.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)

2020 JUL 24 AM 9:17

ARTICLE I NAME

The name of the corporation shall be: VIAJERO HOSTELS US, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1409 LINCOLN ROAD

MIAMI BEACH, FL 33139

Mailing address, if different is:

c/o GREG HERSKOWITZ

9130 S. DADELAND BLVD., SUITE 1609

MIAMI, FLORIDA 33156

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE HOLDINGS and OPERATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS FELIPE SANTOS, VP Name and Title: FEDERICO LAVAGNA, P

Address c/o GREG HERSKOWITZ Address: c/o GREG HERSKOWITZ

9130 S. DADELAND BLVD., # 1609

9130 S. DADELAND BLVD., # 1609

MIAMI, FLORIDA 33156

MIAMI, FLORIDA 33156

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: HERSKOWITZ SHAPIRO PLLC  
Address: 9130 S. DADELAND BLVD., SUITE 1609  
MIAMI, FLORIDA 33156

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: GREG HERSKOWITZ  
Address: 9130 S. DADELAND BLVD., SUITE 1609  
MIAMI, FLORIDA 33156

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/22/2020. (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 Date

*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 Date

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 24 AM 9:17

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