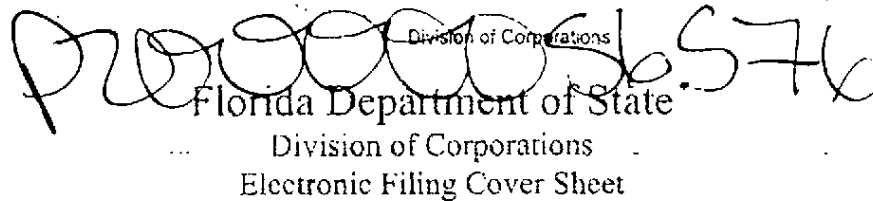


7/29/2020



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
VIVECA ENTERPRISE SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**J. FASON****JUL 30 2020**

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**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: VIVECA ENTERPRISE SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

506 NW 87TH AVE APT 405MIAMI, FL 33172**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LENIA VIVECA SANTOS LAZO (P) Name and Title: \_\_\_\_\_Address 506 NW 87TH AVE APT 405 Address: \_\_\_\_\_MIAMI, FL 33172 \_\_\_\_\_

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: LENIA VIVECA SANTOS LAZO

Address: 506 NW 87TH AVE APT 405

MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LENIA VIVECA SANTOS LAZO

Address: 506 NW 87TH AVE APT 405

MIAMI, FL 33172

**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*

/s/ Lenia Viveca Santos Lazo

Required Signature/Registered Agent

7/29/2020

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.*

/s/ Lenia Viveca Santos Lazo

Required Signature/Incorporator

7/29/2020

Date