## Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000258464 3)))



To:		- S	
10.	Division of Corporations		
	Fax Number : (850)617-6381	E 67	
From:		3 TO 1	
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000819	TATE ORIDA	
	Phone : (305)552-5973 Fax Number : (305)675-5944		
*Enter t ann	he email address for this business entity to be used for wal report mailings. Enter only one email address please.	future .**	

## FLORIDA PROFIT/NON PROFIT CORPORATION VIRTUAL AGORA CORP

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

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

	ration shall be: VIRTUAL AGORA COF			
ARTICLE II PRIL	NCIPAL OFFICE Principal street address	Mailing addre	Mailing address, : f different is:	
1476 NW 168 AVENUE PEMBROKE PINES, FL 33028				
ARTICLE IM PUR The purpose for which	POSE h the corporation is organized is: ANY AND			
			2020 A SECONTALLA	
ARTICLE IV SHARES The number of shares of stock is: 100			SSEE, FL	
	GODERS AND/OR DIRECTORS		9: 30 TATE ORIDA	
Name and Ti Address	tte: Gerardo A. Andreucci (President)  1476 NW 168 AVENUE			
Address	PEMBROKE PINES, FL 33028	Address:	<u>`</u>	
	Manies Clasis Assaul (Constant)		<del></del>	
	le: Monica Florio Amad (Secretary) 1476 NW 168 AVENUE			
Address	PEMBROKE PINES, FL 33028	Address:		
		·		
Name and Titlo:		Name and Title:	<del></del>	
Addréss		Address: .		

Name and Title:		Name and Title:		
Address		Address:		
			·	
			······	
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable)	of the registered agent is:		
	ONICA FLORIO AMAD	_		
Address:	1476 NW 168 AVENUE	<u></u>	7 ~	
-	PEMBROKE PINES FL 33028		1020 AUG SECRET	
ARTICLE VII IN	<u> VCORPORATOR</u>		NUG -4 AHASS	
The name and address of the Incorporator is:			AM AM	
Name:	LUIS F ROSALES	*****	¬¬ _B	
Address:	5931 NW 173RD DR UNIT 9	<del></del>	9: 30 STATE LORID	
	HIALEAH FL 33015	<del></del>	В	
Effective date, if of (If an effective date filing.)  Note: If the date in	her than the date of filing:  te is listed, the date must be specific and can  ascrted in this block does not meet the applical active date on the Department of State's record	not be more than five days priceles statutory filing requirements,		
Having been name certificate, I am far	d as registered agent to accept service of proces miliar with and accept the appointment as regis	s for the above staied corporation tered agent and agree to act in th	at the place designated in this is expacity  07/30/2020	
	Required Signature/Registered Agent		Dato	
I submit this docu document to the De	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re irue. I am aware mia the fai ony as provided for in s.817.155,	re enjormation submitted in t F.S.	
0	In Konla		07/30/2020	
Required Signature	/Incorporator	Date	<b>B</b>	