

P200000 84970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

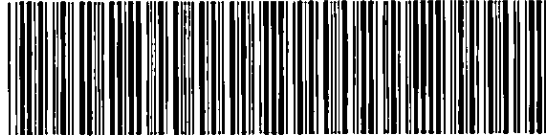
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 30 PM 12:22

DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

C RICO
OCT 30 2020

FILED

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/30/2020

PRIORITY Routine

OUR REF.# (Order ID#) 861967

ORDER ENTITY

VALENTINA SARMIENTO, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

VALENTINA SARMIENTO, INC. (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jmarcuscpa@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: VALENTINA SARMIENTO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1200 E. LAS OLAS BLVD STE 103 SAME
FT. LAUDERDALE, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares @ \$1.00 PAR.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: VALENTINA SARMIENTO Name and Title: _____

Address 1200 E. LAS OLAS BLVD Address: _____

SUITE 103

FT. LAUDERDALE, FL 33301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: VALENTINA SARMIENTO
Address: 1200 E. LAS OLAS BLVD, STE 103
FT. LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALENTINA SARMIENTO
Address: 1200 E. LAS OLAS BLVD, STE 103
FT. LAUDERDALE, FL 33301

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

Valentina
Required Signature/Registered Agent

10/30/20
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.

Valentina
Required Signature/Incorporator

10/30/20
Date