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(Requestor's Name)

(Address)

(Address)

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2021 MAR 12 PM 4:45

2021 MAR 12 PM 2:46

COVER LETTER

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

SUBJECT: **VP Dream Team Inc**

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Incorporate Now Inc**

Name (Printed or typed)

512 Lucerne Ave.

Address

Lake Worth, FL 33460

City, State & Zip

(800) 371-1217

Daytime Telephone number

corp@incorporatenow.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: **VP Dream Team Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

512 Lucerne Ave., Suite 166

Lake Worth, FL 33460

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: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Vairis Pusaudzis, Director**

Name and Title: _____

Address **Kungu Street 36. ap. 7**

Address: _____

Liepaja, 3401

Latvia

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 MAR 12 PM 2:46

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: **Incorporate Now Inc**

Address: **512 Lucerne Ave.**

Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

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

Name: **Constantin Luchian**

Address: **512 Lucerne Ave.**

Lake Worth, FL 33460


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



Required Signature/Registered Agent

March 11, 2021

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

March 11, 2021

Date