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D O'KEEFE MAY 2 3 2021

W21-31153



March 6, 2021

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DERMOT MAC MAHON, ESQ. 12161 KEN ADAMS WAY SUITE 188 WELLINGTON, FL 33414

SUBJECT: INVERSORA VISTA VIRGINIA C.A. Ref. Number: W21000031153

We have received your document for INVERSORA VISTA VIRGINIA C.A. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 121A00004806

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COVER LETTER

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

SUBJECT: Articles of Domestication Inversora Vista Virginia C.A.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

· · , ·

	ertificate of Domestication rticles of Incorporation and Certified Co	\$ 50.00 py <u>\$ 78.75</u>	11	Crew of
Τα	otal filing fee	\$128.75		
OPTIONA	<u>L:</u>			rlen
Ce	ertificate of Status	\$ 8.75	V	Um
Fi	Dermot Mac Mahon, Esq.			
	Name (printed or typed) 12161 Ken Adams Way, Suite 188			
	Add Wellington, FL 33414	Address Wellington, FL 33414		_
	City, State & Zip			_
	(561)227-1523		_	
Daytime Telephone Number				
	dmacmahon@macmahonl	aw.com		

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

Articles of Domestication Foreign Corporation Domesticating to Florida

• • •

The ur	dersigned, Juan Carlos Orozco	Vice President				
	(Name)	(Title)				
_{of} In	versora Vista Virginia C. A.	, a foreign				
	ation, in accordance with s. 607.11922, Florid	a Statutes, submit these Articles of				
	stication.	_				
1.	Then name of the domesticating corporation	n is Inversora Vista Virginia C. A.				
		(Foreign Corporation)				
2.	The jurisdiction and date of its formation is	/enezuela, April 21, 2005				
3.	The name of the domesticated corporation is	Inversora Vista Virginia C. A. Inc.				
4. 5 <i>.</i>						
6.	Attached are Florida Articles of Incorporation requirements pursuant to s.607.0202, F.S.	to complete the domestication				
l certif	/ I am authorized to sign these Articles.of Dom (Authori ゴンAン	estication on behalf of the corporation. zed Signature) Correctors (Theretory)				
		Z1 IALI				



ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Inversora Vista Virginia C.A. Inc., a Florida corporation

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address 11710 Paradise Cove Lane

Mailing Address 11710 Paradise Cove Lane

Wellington, FL 33449

Wellington, FL 33449

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Any and all legal matters

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Juan Carlos Orozco

11710 Paradise Cove Lane

Wellington, FL 33449

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

<С Signature/Registered Agent JUND COEWS DERZID

3/11/2021 Date

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HAR 17 PH 5:

ARTICLE V DIRECTORS AND/ OR OFFICERS

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THE NAME(S) ANI	DADDRESS(ES) AND SPECIFIC TITLES:			
Name & Title:	Mavalynn Urdaneta Purselley	Name & Title:		
Address:	President, Secretary, Treasurer	Address:		
	11710 Paradise Cove Lane			
	Wellington, FL 33449	-		
Name & Title:		Name & Title:		
Address:		Address:		
		-		
Name & Title:	Juan Carlos Orozco	Nome & Title		
Address:	Vice President	Name & Title:Address:		
	11710 Paradise Cove Lane			
	Wellington, FL 33449	-	_	
Name & Title:		Name & Title:	A CONTRACTOR	
Address:		Address:		
		_		
		-		

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

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Signature/Authorized Person JULS CARUS DRAZED

3/11

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