

6/17/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

STATE
TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: office@eflatinaccounting.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
VT213 CORP**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: VT213 CORP

(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
 Filing Fee

☒ \$78.75
 Filing Fee
 & Certificate of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED**FROM:** E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.COM

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

 DEPT. OF STATE
 TALLAHASSEE, FL

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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 NAMEThe name of the corporation shall be: VT213 CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
2665 EXECUTIVE PARK DRSUITE 2WESTON, FL 33331

Mailing address, if different is:

2665 EXECUTIVE PARK DRSUITE 2WESTON, FL 33331**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawfull Purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HERNAN VEGA - P

Name and Title: _____

Address 2665 EXECUTIVE PARK DR

Address: _____

SUITE 2WESTON, FL 33331

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 TALLAHASSEE, FL

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DIEGO FIGUEROA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 6/17/2021. (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*

Diego Figueroa

Required Signature/Registered Agent

6/17/2021

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.

Diego Figueroa

Required Signature/Incorporator

6/17/2021

Date

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