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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CARMINA VIVENZIO CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

2021 JUN 30 AM 11:21

2021 JUN 30 AM 9:29

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

ARTICLE I NAMEThe name of the corporation shall be: CARMINA VIVENZIO CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address8886 NW 187th STHIALEAH FL 33018

Mailing address, if different is:

8886 NW 187th STHIALEAH FL 33018**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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Carmina Antonietta Vivenzio - P

Name and Title: _____

Address

8886 NW 187th ST

Address: _____

HIALEAH FL 33018Name and Title: Itanella Vivenzio - VP

Name and Title: _____

Address

8886 NW 187th ST

Address: _____

HIALEAH FL 33018

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 JUN 30 AM 9:29

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: Carmina Antonieta Vivencio
Address: 8886 NW 187th ST
HIALEAH FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Carmina Antonieta Vivencio
Address: 8886 NW 187th ST
HIALEAH FL 33018

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

Date 06-29-21

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

Date 06-29-21

2021 JUN 30 AM 9:29