

10/21/21, 10:18 AM

P21000091607

Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000392249 3)))



H210003922493ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VARONE LABEL, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VARONE LABEL, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132

Mailing address, if different is:

2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132**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: RICARDO ARREDONDO - PAddress: 2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132Name and Title: CRYSTAL FERREIRA - TAddress: 2045 BISCAYNE BLVD. #242
MIAMI, FL 33132Name and Title: ANGELINE VARONA - VPAddress: 2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132

Name and Title: _____

Address: _____

Name and Title: OSCAR FERREIRA - SAddress: 2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132

Name and Title: _____

Address: _____

2021 OCT 21 PM 6:55

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: RICARDO ARREDONDO
Address: 2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RICARDO ARREDONDO
Address: 2045 BISCAYNE BLVD. # 242
MIAMI, FL 33132

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

Ricardo Arredondo

Required Signature/Registered Agent

10/20/2021

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.

Ricardo Arredondo

Required Signature/Incorporator

10/20/2021

Date