

**P21000104612**  
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Division of Corporations

**Florida Department of State**  
Division of Corporations  
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To:

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

From:

Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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DIVISION OF CORPORATIONS

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**VIANA POLANCO P.A.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

*This Corporation will start operating on January 1st 2022*

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ARTICLES OF INCORPORATION

OF

VIANA POLANCO P.A.

CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

VIANA POLANCO P.A.

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
21 DEC 16 AM 9:45

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The purpose for this corporation is Real Estate Business.

The general nature of the business and objects and purposed to be:

Transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

VIANA POLANCO P.A.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an Individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**VIANA POLANCO**  
**2450 OLD GROVES RD UNIT D-203**  
**NAPLES, FL 34109**

The principal office shall be:

**2450 OLD GROVES RD UNIT D-203**  
**NAPLES, FL 34109**

The Mailing Address shall be:

**2450 OLD GROVES RD UNIT D-203**  
**NAPLES, FL 34109**

**ARTICLE VI**

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director are:

**VIANA POLANCO**  
**2450 OLD GROVES RD UNIT D-203**  
**NAPLES, FL 34109**

**PRESIDENT**

The name and address of the Incorporator executing these Articles of Incorporation

**VIANA POLANCO**  
**2450 OLD GROVES RD UNIT D-203**  
**NAPLES, FL 34109**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this DECEMBER 13, 2021.

  
**VIANA POLANCO**

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CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE  
MIAMI, FL 33155  
PH.: (305) 485-9300

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ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1 ST , 2022

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

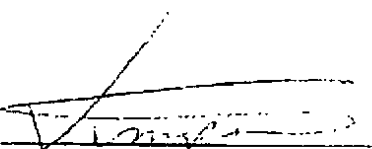
**VIANA POLANCO P.A.**

2. The Name and Address of the registered agent and office is:

**VIANA POLANCO  
2450 OLD GROVES RD UNIT D-203  
NAPLES, FL 34109**

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: DEC 13, 2021

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