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

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****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
VMFIT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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T. SCOTT

MAY 19 2022

COVER LETTER

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

SUBJECT: VMFIT, INC.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: VALENTINA MISHINA
Name (Printed or typed)

1865 S OCEAN DR APT 10M
Address

HALLANDALE, FL 33009
City, State & Zip

(786)635-4111
Daytime Telephone number

VMISHINA666@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: VMFIT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1865 S OCEAN DR, APT 10M

1865 S OCEAN DR, APT 10M

HALLANDALE, FL 33009

HALLANDALE, FL 33009

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALENYINA MISHINA - P Name and Title: _____

Address 1865 S OCEAN DR, APT 10M Address: _____

HALLANDALE, FL 33009 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: VALENYINA MISHINA

Address: 1865 S OCEAN DR, APT 10M

HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: VALENYINA MISHINA

Address: 1865 S OCEAN DR, APT 10M

HALLANDALE, FL 33009

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

Valentina Mishina

Required Signature/Registered Agent

05/18/2022

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.

Valentina Mishina

Required Signature/Incorporator

05/18/2022

Date