

P22 000051768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

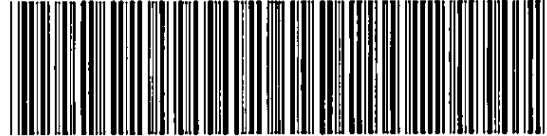
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 22 PM 2:47 2022 JUN 24 AM 10:28
TALLAHASSEE, FL
SEC. CLERK OF COURT
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FACLEM VITIUM, INC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

171 Ponder & Ponder • Tallahassee, GA 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: Faciem Vitrium, 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: Teresa De La Rosa, CPA
Name (Printed or typed)

814 Ponce De Leon Blvd Suite 204

Address

Coral Gables, FL 33134

City, State & Zip

305-385-1099

Daytime Telephone number

teresa@delarosacpafirm.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2022

CAPITAL CONNECTION

SUBJECT: FACIEM VITRIUM, INC
Ref. Number: W22000084955

We have received your document for FACIEM VITRIUM, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Title for Jorge.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 322A00014206

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2022 JUN 24 PM 2:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Faciem Vitrium, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
<u>14260 SW 142nd Street, Unit 101</u>	<u></u>
<u>Miami, FL 33186</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

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2022 JUN 24 AM 10:29
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Guillermo Tejera, PD</u>	Name and Title: <u>Gustavo Fonte, VD</u>
Address <u>14260 SW 142nd Street, Unit 101</u>	Address: <u>14260 SW 142nd Street, Unit 101</u>
<u>Miami, FL 33186</u>	<u>Miami, FL 33186</u>
<u></u>	<u></u>
Name and Title: <u>Jorge Ramirez, SD</u>	Name and Title: <u></u>
Address <u>9777 NW 122 Terrace</u>	Address: <u></u>
<u>Hialeah Gardens, Fl 33018</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Gustavo Fonte

Address: 14260 SW 142nd Street, Unit 101

Miami, FL 33186

ARTICLE VII INCORPORATOR

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

Name: Gustavo Fonte

Address: 14260 SW 142nd Street, Unit 101

Miami, FL 33186

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

Gustavo Fonte

Required Signature/Registered Agent

06/15/22

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.

Gustavo Fonte

Required Signature/Incorporator

06/15/22

Date

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2022 JUN 24 AM 10:29
STATE OF FLORIDA
TALLAHASSEE, FL