

P22000053320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

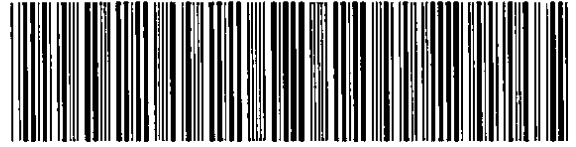
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/01/2022

****WALK IN****

ENTITY NAME Vigie U.S.A., Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

CLERK OF STATE
TALLAHASSEE, FL 32301

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LED

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

ACCOUNT #: I20160000072

S. B. J/O

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Vigie U.S.A., 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Joshua Pearce

Name (Printed or typed)

500 West 2nd Street, Suite 1900

Address

Austin, TX 78701

City, State & Zip

512-298-1330

Daytime Telephone number

josh@pearceshambach.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: Vigie U.S.A., Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
500 West 2nd Street, Suite 1900
Austin, TX 78701

Mailing address, if different is:
500 West 2nd Street, Suite 1900
Austin, TX 78701

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity
for which corporations may be organized under the Florida Business
Corporation Act

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ibrahim El Sayed, President, Secretary, Treasurer
Address: 500 West 2nd Street, Suite 1900
Austin, TX 78701

Name and Title: _____
Address: _____

Name and Title: Joshua Pearce, Vice President
Address: 500 West 2nd Street, Suite 1900
Austin, TX 78701

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

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: Incorporating Services, Ltd.
Address: 1540 Glenway Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Joshua Pearce
Address: 500 West 2nd Street, Suite 1900
Austin, TX 78701

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TALLAHASSEE, FL 32301

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

Melissa A. Moreau
Required Signature/Registered Agent

6/30/22
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.

Joshua Pearce
Required Signature/Incorporator

6/30/22
Date