

P230000062792

Florida Department of State
Division of Corporations
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.

((H23000300868 3)))



H230003008683ABC/

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
VA BY ALE VILLEGAS, INC**

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

RECEIVED

2023 AUG 29 PM 3:14

FLORIDA
DIVISION OF
CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2023 AUG 29 AM 7:02

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

ARTICLE I NAMEThe name of the corporation shall be: VA BY ALE VILLEGAS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
15437 SW 98TH TERRACE
MIAMI, FL 33196Mailing address, if different is:
15437 SW 98TH TERRACE
MIAMI, FL 33196**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:	<u>MARIELA MASTRANGELO</u>	Name and Title:	<u>MARIA A. VILLEGAS</u>
Address	<u>PRESIDENT</u>	Address:	<u>VIC-PRESIDENT</u>
	<u>15437 SW 98TH TERRACE</u>		<u>8395 SW 73TH AVE APT # 107</u>
	<u>MIAMI, FL 33196</u>		<u>MIAMI, FL 33143</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

2022 AUG 29 AM 7:02
FILED IN STATE OF FLORIDA

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: MARIELA MASTRANGELO
Address: 15437 SW 98TH TERRACE
MIAMI, FL 33196

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIELA MASTRANGELO
Address: 15437 SW 98TH TERRACE
MIAMI, FL 33196

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.

Required Signature/Registered Agent
08/29/2023
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.

Required Signature/Incorporator
09/29/2023
Date

2022 AUG 29 AM 7:02
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED