

P240000009001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

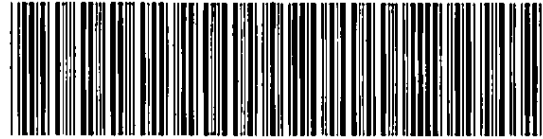
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500415617265

03/05/24--01007--010 **78.75

FILED

2024 FEB -5 AM 6:34

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2024 FEB -5 AM 10:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 2/5

CERTIFIED COPY

XX PHOTOCOPY

XX GS

XX FILING

GS

INC

1. VIARUCCI INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: VIARUCCI 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: VIARUCCI IN

Name (Printed or typed)

300 BAYVIEW DR APT 1605

Address

SUNNY ISLES, FL 33160

City, State & Zip

305-300-1805

Daytime Telephone number

ada@bravoaccounting.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB -5 AM 6:34

FILED

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: VIARUCCI INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
300 BAYVIEW DR APT 1605
SUNNY ISLES, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN T. FILLER, PRESIDENT

Name and Title: _____

Address 300 BAYVIEW DR APT 1605

Address: _____

SUNNY ISLES, FL 33160

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: JONATHAN T. FILLER

Address: 300 BAYVIEW DR APT 1605

SUNNY ISLES, FL 33160

ARTICLE VII INCORPORATOR

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

Name: JONATHAN T. FILLER

Address: 300 BAYVIEW DR APT 1605

SUNNY ISLES, FL 33160

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

Jonathan T. Filler

Required Signature/Registered Agent

01/26/2024

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.

Jonathan T. Filler

Required Signature/Incorporator

01/26/2024

Date