

**P240001625053ABCZ**

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.**

((H24000162505 3)))



H240001625053ABCZ

**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 MANAGEMENT GROUP INC**

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

RECEIVED  
FLORIDA SECRETARY OF STATE  
MAY 2 2013  
AM 11:45

FILED

ED  
2024 MAY -3 PM 4:45

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

T.J.H  
5/3/24

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

VA MANAGEMENT GROUP INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8150Nw 53rd Street apt 217 Doral, Fl. 33166

**ARTICLE III SHARE:** The number of shares of stock is: 1000**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Vanessa Isabel Salas - President

Adrian Alberto Salas - Vice President

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Vanessa Isabel Salas

8150Nw 53rd Street apt 217, Doral, Fl. 33166

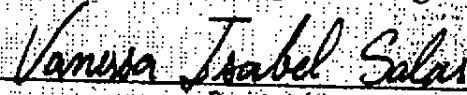
FILED  
JUN 5 2013  
FLORIDA  
STATE  
CIRCUIT CLERK**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Vanessa Isabel Salas

8150Nw 53rd Street apt 217, Doral, Fl. 33166

**Required Signatures:**

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

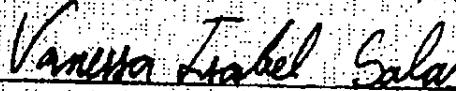


Registered Agent

05/02/2024

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.



Incorporator

05/02/2024

Date

RECEIVED MAY 20 2013  
SECRETARY OF STATE  
FLORIDA

FILED