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5/3/24, 3:50 PM



Division of Corporations Electronic Filing Cover Sheet

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From:

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Account Number : I20140000089 Phone : (754)301-2128

: (954)252-4650

Fax Number

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annual report mailings. Enter only one email address please.*

FLORIDA PROFIT/NON PROFIT CORPORATION SS VIEIRA CORP

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COVER LETTER

H24000 J62 755 3

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

BJECT:	SS VIEIRA CORP		Dec Street
	(PROPOSED CORPORA	TE NAME – MUST INCLI	UDE SUFFIX)
losed are an	original and one (1) copy of the art	ricles of incorporation and	l a check for:
□ \$70.00 Filing Fe	○ □ \$78.75 e Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
			· · · · · · · · · · · · · · · · · · ·
EDOM:	GILVAM F DOS SANTOS		
FROM:	Nam	e (Printed or typed)	
	11764 W SAMPLE RD STE 102	2	
		Address	
	CORAL SPRINGS, FL 33065		
	City.	, State & Zip	
	754 301 2128		
	Daytime 1	Telephone number	
	INFO@GFSTAXACCT.COM		7
•	E-mail address: (to be use	d for future annual report n	otification)
			; ·
	NOTE: Please provide the o	riginal and one copy of	the articles.
			1965 1944
			rg

ARTICLES OF INCORPORATION

H24 000 J62 755 3

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

<u>rticle II _ Princ</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:		
109 E BROWARD I	SLVD APT 10	1109 E BROWAR	D BLVD APT 10	
FORT LAUDERDA		FORT LAUDERD		
, , , , , , , , , , , , , , , , , , , ,				
RTICLE III PURPO he purpose for which to	OSE he corporation is organized is: SERVICES	· · · · · · · · · · · · · · · · · · ·		
			2024 I.AY	
			N. T.	
RTICLE IV SHAR	ES			
he number of shares of	stock is: 1,000		PK	
			·	
	AL OFFICERS AND/OR DIRECTORS	_	1:24 SFL	
Name and Titl	C:SARAH DE SOUZA VIEIRA - PRESIDEN	Name and Title:	<u> </u>	
Address	1109 E BROWARD BLVD APT 10	Address:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FORT LAUDERDALE, FL 33301	_		
		-		
				
		Name and Title:	•	
Name and Title	:			
Name and Title	:			
Address		Address:		
Address		Address: Name and Title:		
Address		Address: Name and Title:		
Address Name and Title		Address: Name and Title:		

H24 000 162 755 3

Name a	nd Title:	Name and Title:_	Ha Tuu		
Addres					
					
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent	is:		
Name:	SARAH DE SOUZA VIEIRA				
Address:	1109 E BROWARD BLVD APT 10	_			
	FORT LAUDERDALE, FL 33301			,	
ARTICLE VII	INCORPORATOR			2024 KAY -9	=]
The name and a	ddress of the Incorporator is:		<i>:</i> ' :	£ - 5	n rau Sim ana
Name:	SARAH DE SOUZA VIEIRA	_	·	<u>ā</u>	
Address:	1109 E BROWARD BLVD APT 10	_	٦١ <u>٠.</u> ٢٠٠٠		
	FORT LAUDERDALE, FL 33301	_	يا ن سا	24	
Effective date, i (If an effective filing.) Note: If the dat	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can c inserted in this block does not meet the applicate effective date on the Department of State's record	not be more than fiv	e days prior or 90		
Having been na certificate, I am	med as registered agent to accept service of process familiar with and accept the appointment as regis	s for the above stated c tered agent and agree	corporation at the pla to act in this capaci	ace designat ty	ed in this
	Required Signature/Registered Agent		_05	0/03/20	02 <u>4</u>
	•			5	
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware to ony as provided for in	hat the false inform s.817.155, F.S.	ation subm	itted in a
	Sa-4 V		05/	03/80	24
Required Signal	ure/Incorporator		Date		