

To:

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2024-07-17 19:02:42 GMT

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Division of Corporations

Florida Department of State

Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION VIVA LEGACY GROUP CORP.

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

ARTICLE I NAMEThe name of the corporation shall be: VIVA LEGACY GROUP CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address4668 NW 133rd ST
OPA LOCKA, FL 33054

Mailing address, if different is:

4668 NW 133rd ST
OPA LOCKA, FL 33054**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KENNETH MARK JOSEPH - PAddress: 4668 NW 133rd ST
OPA LOCKA, FL 33054Name and Title: MARIA GARCIA - TAddress: 4668 NW 133rd ST
OPA LOCKA, FL 33054Name and Title: JAMAL ANDREW CAMPBELL - VPAddress: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title: _____

Address: _____

Name and Title: LEONIE THERESE CARBY - SAddress: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title: _____

Address: _____

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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: LEONIE THERESE CARBY
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

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

Name: KENNETH MARK JOSEPH
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

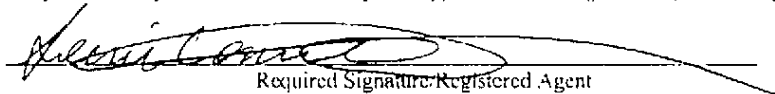
ARTICLE VIII EFFECTIVE DATE:

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.)

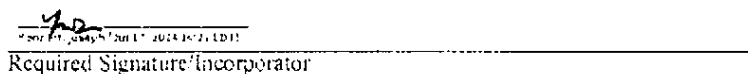
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07-17-2024
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.


Required Signature/Incorporator

Date _____