

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : 120000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

**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
VILMA VALES, PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 AUG -6 PM 4:19

RECEIVED
2024 AUG -6 PM 4:19
DIVISION OF CORPORATIONS

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: VILMA VALES, PA

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8150 SW 72 AVE APT 11042
MIAMI FL 33143
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: REAL ESTATE ASSOCIATE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>VILMA VALES</u>	Name and Title:	_____
Address	<u>8150 SW 72 AVE APT 11042</u>	Address:	_____
	<u>MIAMI FL 33143</u>		_____
	_____		_____

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

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

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DIVISION OF CORPORATIONS
2024 AUG -6 PM 4:09

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: VILMA VALES
Address: 8150 SW 72 AVE APT 11042
MIAMI FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VILMA VALES
Address: 8150 SW 72 AVE APT 11042
MIAMI FL 33143

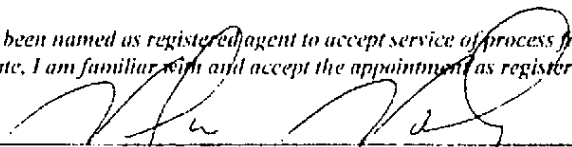
ARTICLE VIII EFFECTIVE DATE: 08/06/2024

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

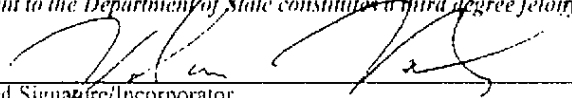


Required Signature/Registered Agent

08/06/2024

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

08/06/2024

Date