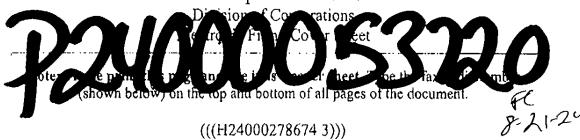
Florida Department of State





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To:	Division of Co.		
	Division of Cor Fax Number	: (850)617-6381	
From:			_
	Account Name	: GERALD WEINBERG, P.C.	F
	Account Number	: 120030000043	
	Phone	: (800)342-9856	ć
	Fax Number	: (800)354-3381	
		•	ı
	<u> </u>	. $_{ m c}$ s for this business entity to be used for future $_{ m c}$	

FLORIDA PROFIT/NON PROFIT CORPORATION VITRA CONSULTING INC.

Certificate of Status	0
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CM. 9 9. 70 00 LMU

No. 1662 P. 2

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

THE NAME THE CORPORATE	ion shall be: VITRA CONSULTIN	G INC.				
1317 EDGEWAT	Principal street address ER DRIVE #1391 RIDA 32804	_1317_E	Mailing address, if different is: 1317 EDGEWATER DRIVE #1397 ORLANDO, ELORIDA 32804			
			· · · · · · · · · · · · · · · · · · ·			
RTICLE III PURPO	<u>OSE</u> ne corporation is organized is: <u>IT</u> CC	NSULTING A	ID HARDWARE AND			
OFTWARE SALE	S.					
			 	-		
<u>, , , , , , , , , , , , , , , , , , , </u>						
KTICLE V INITIA	ES stock is: 200 LOFFICERS AND/OR DIRECTORS JOSEPH_MCEVOY/PRESIDEN		. 2024 A ug			
Address	994 WEST SHORE ROAD	Address:	<u></u>			
	OYSTER BAY, NY 11771					
Name and Title:		Name and Title:_	NIE NIE			
Address		Address: _	· · · · · · · · · · · · · · · · · · ·			
		<u>-</u> -				
Name and Title:		Name and Title:_				
Address						

Address		Name and Title: Address:				
		·				
		_		· · · · · · · · · · · · · · · · · · ·		
	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable) of	the registered agent	tis:			
Name:	MICHAEL MCEVOY					
Address:	901 JEFFERSON AVE. UNIT C			<u></u>	202	
	-MIAMI BEACH, FLORIDA 33139			÷ ·	II AU	
<u>ARTICLE VII</u>	INCORPORATOR			; ;;<	2024 AUG 20 PM 1.	
The name and a	ddress of the Incorporator is:			<i>i</i> ga G	7	
Name:	JESSE B. COHEN EA			NIS E	7	
Address:	2267 DALTON DRIVE			. 🖳	د	
	CORTLANDT MANOR, NY 1056	7				
ARTICLE VIII	EFFECTIVE DATE:	سميت ودرار				
(If an effective of filing.)	other than the date of filing:	be more than fiv	TONAL) e days prior	or 90 days afte	r the	
Note: If the date	inserted in this block does not meet the applicable	statulnev filing regu	úrements thi	is date will not h	e liet	

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.

Michael Mc Evoy Required Signature/Registered Agent

HallOAD 078/0143

8/19/2024 Date