

Florida Department of State

Division of Corporations

Florida Franchise Cover Sheet

**P2400005320**

Note: Please print this page and use it as a cover sheet for the fax of your submission (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

VITRA CONSULTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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Aug. 20, 2024 10:49AM

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No. 1662 P. 2

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: VITRA CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1317 EDGEWATER DRIVE #1391

ORLANDO, FLORIDA 32804

Mailing address, if different is:

1317 EDGEWATER DRIVE #1391

ORLANDO, FLORIDA 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IT CONSULTING AND HARDWARE AND

SOFTWARE SALES.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH MCEVOY/PRESIDENT

Address: 994 WEST SHORE ROAD

OYSTER BAY, NY 11771

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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STATE OF FLORIDA  
SECRETARY OF STATE

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Aug. 20, 2024 10:49AM

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No. 1662 P. 3

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: MICHAEL MCEVOY  
Address: 901 JEFFERSON AVE. UNIT C  
MIAMI BEACH, FLORIDA 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JESSE B. COHEN EA  
Address: 2267 DALTON DRIVE  
CORTLANDT MANOR, NY 10567

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TALLAHASSEE, FL

**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*

/s/ Michael Mc Evoy 8/19/2024  
Required Signature/Registered Agent 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.*

Jesse B. Cohen 8/19/2024  
Required Signature/Incorporator Date

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