

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

R2400056232

Please print this page and use it as cover sheet for fax or mail filing.
(showing how to fill out the top of all pages of the document.)

(((H24000287314 3)))

PL
9-4-24



H240002873143ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (305)564-6857

**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 VASA MEDICAL CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED
2024 SEP -3 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2024 SEP -3 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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 VASA MEDICAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

8180 NW 36TH ST SUITE 409-A, MIAMI, FL 33166

Mailing address, if different is:

SAME AS PRINCIPAL

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR JOVANNY VAZQUES SANCHEZ /P

Address: 8180 NW 36TH ST SUITE 409-A

MIAMI, FL 33166

Name and Title: BRAYAN OMAR VASQUEZ SANCHEZ/ VP

Address: 8180 NW 36TH ST SUITE 409-A

MIAMI, FL 33166

SECRETARY OF STATE
STATE OF FLORIDA
TALLAHASSEE, FL

2024 SEP -3 PM 3:09

FILED



ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HECTOR JOVANNY VAZQUES SANCHEZ

Address: 8180 NW 36TH ST SUITE 409-A, MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR JOVANNY VAZQUES SANCHEZ

Address: 8180 NW 36TH ST SUITE 409-A, MIAMI, FL 33166

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 Date 08/30/2024

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 § 817.155, F.S.

Required Signature/Incorporator Date 08/30/2024

FILED
2024 SEP -3 PM 3:09
SEC. OF STATE
TALLAHASSEE, FL