

P2500000 3075

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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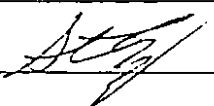
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vera407 Corporation

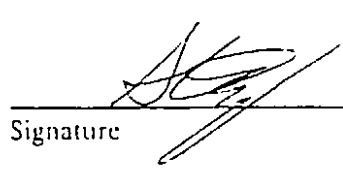
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Thank you Seth Neeley



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Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
☒ Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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 VERA407 CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2121 PONCE DE LEON BLVD., STE., 1050
CORAL GABLES, FL 33134

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 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pabon de Uribe, Mireya - PD Name and Title: Uribe Correa, Victor R. - SD

Address: 2121 Ponce de Leon Blvd., Ste. 1050 Address: 2121 Ponce de Leon Blvd., Ste. 1050
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JULIA A. GARCIA

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: Consulting Services of South Florida Inc
Address: 2121 Ponce de Leon Blvd., Ste. 1050
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Garcia
Address: 2121 Ponce de Leon Blvd., Ste. 1050
CORAL GABLES, FL 33134

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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

01-16-2025

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.

01-16-2025

Required Signature/Incorporator

Date