

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 : I20000000268
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: DRLMVIERA@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

~~VIERA CONSULTING CORP~~

LM VIERA CONSULTING INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

((H25000096944 3)))

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ~~XXXXXXXXXXXXXXXXXXXX~~ LM VIERA CONSULTING INC
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ARES & ASSOCIATES CPA
Name (Printed or typed)

3636 SW 87 AVE
Address

MIAMI, FL 33165
City, State & Zip

305-229-8256
Daytime Telephone number

drlmviera@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

((H25000096944 3)))

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

(((H25000096944 3)))

ARTICLE I NAME

The name of the corporation shall be: LM VIERA CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>3991 NW 173 TERR</u> <u>OPA LOCKA, FL 33055</u>	Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>LUIS VIERA, PRESIDENT</u>	Name and Title: _____
Address <u>3991 NW 173 TERR</u>	Address: _____
<u>OPA LOCKA, FL 33055</u>	_____
_____	_____

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

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

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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: LUIS VIERA
Address: 3991 NW 173 TERR
OPA LOCKA, FL 33055

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIS VIERA
Address: 3991 NW 173 TERR
OPA LOCKA, FL 33055

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:

LUIS VIERA 3/14/2025
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.

LUIS VIERA 3/14/2025
Required Signature/Incorporator Date



March 17, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARES & COMPANY, C.P.A., P.A.

,

SUBJECT: VIERA CONSULTING CORP
REF: W25000035756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew H Hitchcock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000096944
Letter Number: 025A00005687