Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P24000071209

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

(((H24000242966 3)))

H24000242966ABC2

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

RECEIVED
2024 JUL 17 PM 4:34

FLORIDA PROFIT/NON PROFIT CORPORATION
VIVA LEGACY GROUP CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

FILED
2024 JUL 17 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: VIVA LEGACY GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4668 NW 133rd ST
OPA LOCKA, FL 33054

Mailing address, if different is:
4668 NW 133rd ST
OPA LOCKA, FL 33054

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: SHARES: 100 @ $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH MARK JOSEPH - P
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title: MARIA GARCIA - T
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title: JAMAL ANDREW CAMPBELL - VP
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title:
Address:

Name and Title: LEONIE THERESE CARBY - S
Address: 4668 NW 133rd ST
OPA LOCKA, FL 33054

Name and Title:
Address:

FILED
2024 JUL 17 PM 5:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: LEONIE THERESE CARBY

Address: 4668 NW 133rd ST

OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

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

Name: KENNETH MARK JOSEPH

Address: 4668 NW 133rd ST

OPA LOCKA, FL 33054

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.

_____ 07-17-2024

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.

_____ _____

Required Signature/Incorporator Date