

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**P25000006536***FL*  
*2-6-25*

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## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
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\*\*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  
VNODARSE GROUP CORP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:VNODARSE Group Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6935 W 2nd Ct Hialeah FL 33014**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANDRES VALERO NODARSE - P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANDRES VALERO NODARSE6935 W 2nd Ct Hialeah FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANDRES VALERO NODARSE6935 W 2nd Ct Hialeah FL 33014

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**Required Signatures:**

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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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STATE  
C.F.L.