



COVER LETTER

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

SUBJECT: VANDERLAY INDUSTRIES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROBERT ZEBROWSKI  
Name (Printed or typed)

5200 N OCEAN DR #1405  
Address

RIVIERA BEACH, FL 33404  
City, State & Zip

9541736-6900  
Daytime Telephone number

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

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: VANDERLAY INDUSTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

11420 US HIGHWAY 1 #159  
NORTH PALM BEACH, FL 33408

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROMOTION OF SAFE SEX

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

ELECTED AT THE ANNUAL MEETING

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT ZEBROWSKI, PST Name and Title: \_\_\_\_\_

Address: 11420 US HIGHWAY 1 Address: \_\_\_\_\_  
NORTH PALM BEACH  
FL 33408

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 26 AM 11:48

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: ROBERT ZEBROWSKI  
Address: 11420 US HIGHWAY 1 #159  
NORTH PALM BEACH, FL 33408

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 26 AM 11:40

APPROVED  
AND  
FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT ZEBROWSKI  
Address: ~~11420~~ 11420 US HIGHWAY 1 #159  
NORTH PALM BEACH, FL 33408

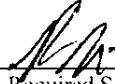
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business 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 of Registered Agent

10/26/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

10/26/15

Date