

P11000084951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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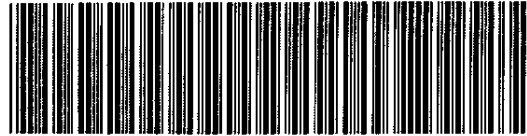
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 SEP 28 PM 3:11

9/28/11

**COVER LETTER**

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

**SUBJECT: 19510 US Hwy 1 North, 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: Mathew D. Vickery

Name (Printed or typed)

1542 Jupiter Cove Drive #106c

Address

Jupiter, FL 33469

City, State & Zip

281-872-4100

Daytime Telephone number

avickery@consolidated.net

E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** 19510 US Hwy 1 North, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
19510 U.S. Hwy 1 North  
Tequesta, FL 33469

Mailing address, if different is:  
1542 Jupiter Cove Dr. #106c  
Jupiter, FL 33469

**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: 1

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

Name and Title: Mathew D. Vickery President	Name and Title: _____
Address: 1542 Jupiter Cove Dr. #106c	Address: _____
Jupiter, FL 33469	_____
_____	_____

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: Mathew D. Vickery  
Address: 1542 Jupiter Cove Dr #106c  
Jupiter, FL 33469

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Mathew D. Vickery  
Address: 1542 Jupiter Cove Dr #106c  
Jupiter, FL 33469

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/Registered Agent

9/23/11  
\_\_\_\_\_  
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

9/23/11  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS