

**P16000064904**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H16000187951 3)))



H160001879513ABC5

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*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**  
VOS Accounting, Inc.

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

16 AUG -8 PM 3:05

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG -8 AM 8:08

Electronic Filing Menu

Corporate Filing Menu

Help



August 8, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLUMBERG/EXCELSIOR

SUBJECT: VOS ACCOUNTING, INC.  
REF: W16000054620

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.

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H16000187951  
Letter Number: 716A00016611

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG -8 AM 8:08

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** VOS Accounting, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3780 UNIVERSITY CLUB BLVD., APT 406

3780 UNIVERSITY CLUB BLVD., APT 406

JACKSONVILLE, FLORIDA 32277

JACKSONVILLE, FLORIDA 32277

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG - 8 AM 8:08

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

Name and Title: CHRISTOPHER A. VINAS President, CEO

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

Address 3780 UNIVERSITY CLUB BLVD.

Address: 3780 UNIVERSITY CLUB BLVD.

APT 406

APT 406

JACKSONVILLE, FLORIDA 32277

JACKSONVILLE, FLORIDA 32277

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

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

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: CHRISTOPHER A. VINAS  
Address: 3780 UNIVERSITY CLUB BLVD., APT 406  
JACKSONVILLE, FLORIDA 32277

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 AUG -8 AM 8:08

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ana Maisona  
Address: 16 Court St, 14th FL  
Brooklyn, N.Y. 11241

**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*

Christopher A. Vinas  
Required Signature/Registered Agent

08/02/2016

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.*

Ana Maisona  
Required Signature/Incorporator

08/02/2016

Date