

F18 000001932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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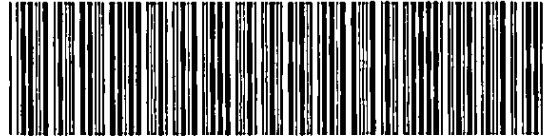
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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APR 25 2018  
J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VILANO MANAGEMENT SERVICES, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CRAIG GREGORY  
Name of Person

THE STAGELINE COMPANY  
Firm/Company

PO BOX 1114 ST AUGUSTINE, FL 32085  
Address

ST, AUGUSTINE, FL 32085  
City/State and Zip code

CRAIG@POSTAL FLEET SVS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG GREGORY at (904) 824-2007  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

ENC! ORIGINAL CERT OF EXISTENCE. NOT A COPY

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. VILANO MANAGEMENT SERVICES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE 3. 82-5238245  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/19/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 4/30/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1622 LEBANON RD, NASHVILLE, TN  
(Principal office address)

PO BOX 1271 ST. AUGUSTINE, FL 32085  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LESLIE P. DORRIS

Office Address: 2808 5TH ST. NORTH #504

ST. AUGUSTINE, Florida 32084  
(City) (Zip code)

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**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: LESLIE DON DORRIS

Address: PO BOX 1271

ST AUGUSTINE, FL 32085

Vice Chairman: BRENDA DORRIS

Address: PO BOX 1271

ST. AUGUSTINE, FL 32085

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: LESLIE DON DORRIS

Address: PO BOX 1271

ST. AUGUSTINE, FL 32085

Vice President: BRENDA DORRIS

Address: PO BOX 1271

ST. AUGUSTINE, FL 32085

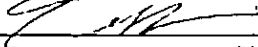
Secretary: LESLIE DON DORRIS

Address: PO BOX 1271 ST. AUGUSTINE, FL 32085

Treasurer: CRIG GREGORY

Address: PO BOX 1271 ST. AUGUSTINE, FL 32085

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. CRIG GREGORY

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CRAIG GREGORY**  
CRAIG GREGORY  
656 GRAND PARKE DR  
ST JOHNS, FL 32259

April 19, 2018

**Request Type: Certificate of Existence/Authorization**

Request #: 0274200

Issuance Date: 04/19/2018

Copies Requested: 1

**Document Receipt**

Receipt #: 004042958

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3727883143

\$20.00

**Regarding: Vilano Management Services, Inc.**

Filing Type: For-profit Corporation - Domestic

Control #: 959324

Formation/Qualification Date: 04/19/2018

Date Formed: 04/19/2018

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Vilano Management Services, Inc.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 027458132



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

Vilano Management Services, Inc.  
CRAIG GREGORY  
PO BOX 1271  
ST AUGUSTINE, FL 32085-1271

April 19, 2018

**Filing Acknowledgment**

Please review the filing information below and notify our office immediately of any discrepancies.

<b>SOS Control # :</b>	<b>000959324</b>	Formation Locale:	TENNESSEE
Filing Type:	For-profit Corporation - Domestic	Date Formed:	04/19/2018
Filing Date:	04/19/2018 9:04 AM	Shares of Stock:	1,500
Status:	Active	Fiscal Year Close:	12
Duration Term:	Perpetual	Annual Report Due:	04/01/2019
		Image # :	B0540-5751

**Document Receipt**

Receipt # : 004041523	Filing Fee:	\$100.00
Payment-Credit Card - State Payment Center - CC #: 3727852568		\$100.00

**Registered Agent Address:**

Vilano Management Services, Inc.  
CRAIG GREGORY  
1622 LEBANON PIKE  
NASHVILLE, TN 37210-3205

**Principal Address:**

CRAIG GREGORY  
STE 504  
2808 N 5TH ST  
ST AUGUSTINE, FL 32084-1907

Congratulations on the successful filing of your **Charter for Vilano Management Services, Inc.** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website ([apps.tn.gov/bizreg](http://apps.tn.gov/bizreg)) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett  
Secretary of State