

N14000006159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

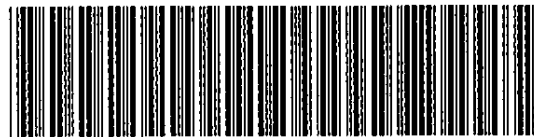
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000261463810

06/30/14--01031--014 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 2:51 14 JUN 30 PM 2:41

APPROVED
AND
FILED

RECEIVED

DEPARTMENT OF REVENUE

VIT

COVER LETTER

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

SUBJECT: Vision Services of America, 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: Tyrice Earl
Name (Printed or typed)

5007 Dust Bowl Ln
Address

Tallahassee FL 32305
City, State & Zip

850-519-7252
Daytime Telephone number

Tyrice24Earl@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: Vision Services of America, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5007 Dust Bowl Ln
Tallahassee FL
32305

Mailing address, if different is:

5007 Dust Bowl Ln
Tallahassee FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help those in need ^{TE} with
financial binds. NO profit charitable organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By founder
Tyrice Earl

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President/Tyrice Earl Name and Title: _____

Address 5007 Dust Bowl Address: _____
Ln Tallahassee
FL 32305

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 2:51

APPROVED
AND
FILED

APPROVED
AND
FILED

14 JUN 30 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Tyrice Earl
Address: 5007 Dust Bowl
Ln Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Tyrice Earl

Name: 5007 Dust Bowl Ln
Address: Tallahassee FL
32305

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

Tyrice Earl
Required Signature of Registered Agent

06/30/14
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.

Tyrice Earl
Required Signature of Incorporator

06/30/14
Date