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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

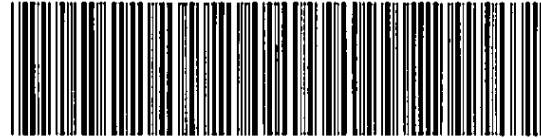
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 31 2019

COVER LETTER

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

SUBJECT: V & A Easy Living, 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: Veronica Williams

Name (Printed or typed)

470 Mapleway

Address

Safety Harbor, FL 34695

City, State & Zip

(727) 226-2564

Daytime Telephone number

roniblessedmom.44@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: V & A Easy Living, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
470 Mapleway

Safety Harbor, FL 34695

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A living facility for people with Mental Disabilities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As set forth in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veronica Williams- President

Address: 470 Mapleway

Safety Harbor, FL 34695

Name and Title: Anthony Dudley- Vice President

Address: 470 Mapleway

Safety Harbor, FL 34695

Name and Title: Brenda Williams- Secretary

Address: 470 Mapleway

Safety Harbor, FL 34695

Name and Title: Phyllis Beede - Director

Address: 470 Mapleway

Safety Harbor, FL 34695

Name and Title: Neelam Uppal, MD - Director

Address: 470 Mapleway

Safety Harbor, FL 34695

Name and Title: _____

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: Veronica Williams

Address: 470 Mapleway

Safety Harbor, FL 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica Williams

Address: 470 Mapleway

Safety Harbor, FL 34695

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TALLAHASSEE, FLORIDA

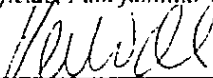
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

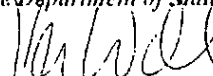
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7-6-19
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

7-6-19
Date