

P00000015391

TRANSMITTAL LETTER

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

700003125797--8
-02/07/00--01101--022
*****70.00 *****70.00

SUBJECT: VMC Protection, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -7 PM 12:22

FILED

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 of
Status

ADDITIONAL COPY REQUIRED

FROM: William Schacht
Name (Printed or typed)

3501 W. Vine Street, Suite 269

Address

Kissimmee, FL 34741

City, State & Zip

(407) 944-4310

Daytime Telephone number

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

S. Thompson FEB 14 2000

ARTICLES OF INCORPORATION
(FLORIDA)

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - Name

The name of the corporation shall be: **VMC Protection, Inc.**

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: **7205 International Drive, Orlando, Florida 32819**

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: **1,000,000**

ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: **Chris Maday, 7205 International Drive, Orlando, Florida 32819.**

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: **Joe Rogewitz, 7205 International Drive, Orlando, Florida 32819.**



Signature of Incorporator

02-03-00

Date

Having named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

2/3/00

Date

FILED
00 FEB -7 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA