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TRANSMITTAL LETTER

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

700003289027-12
-06/14/00--01076--007
*****70.00 *****70.00

SUBJECT: VICKI PHILLIPS, 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 Status

FROM:

VICKI PHILLIPS

Name (printed or typed)

508 REBSTOCK BLVD.

(Address)

PALM HARBOR, FL 34683

(City/State//Zip)

(727) 772-6839

(Day time telephone number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN 14 AM 9:49

FILED

NOTE: Please provide the original and one (1) copy of the Articles

F. CHESLER

JUN 2 0 2000

DIVISION OF CORPORATIONS, P.O. BOX 6327 TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION

OF

VICKI PHILLIPS, INC.

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VICKI PHILLIPS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

508 REBSTOCK BLVD.
PALM HARBOR, FL 34683

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

500 SHARES NON-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES H. COLLIER, SR.
7421 BENT OAK DRIVE
PORT RICHEY, FL 34668

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TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

VICKI PHILLIPS (PRESIDENT)
508 REBSTOCK BLVD.
PALM HARBOR, FL 34683

The undersigned has (have) executed these Articles of Incorporation this

12TH DAY OF JUNE 2000

Vicki Phillips P Signature/Title

____ V-P Signature/Title

____ Signature/Title

____ Signature/Title

____ Signature/Title

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:_____

VICKI PHILLIPS, INC.

The name and address of the registered agent and office is:

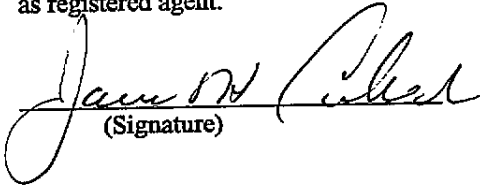
_____ JAMES H. COLLIER SR. _____
(Name)

_____ 7421 BENT OAK DRIVE _____
(P. O. Box not acceptable)

_____ PORT RICHEY, FL 34668 _____
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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I have been named as registered agent and to accept service of process for the aboved 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)

_____ 6-12-00 _____
(Date)