

TRANSMITTAL LETTER

PO1000083249

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

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-08/21/01--01045--019
*****87.50 *****87.50

SUBJECT: Vocations Placement Service 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Natalie Smith
Name (Printed or typed)
63 11 NW 47 Ct.
Address
Coral Springs, Fla. 33067
City, State & Zip
954-340-5705
Daytime Telephone number

FILED
01 AUG 21 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AUG 21 2001
T. Bunch

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Vocations Placement Service, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

6311 NW 47 Ct.
Coral Springs, Fla. 33067

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Vocations Placement Service exists in order to help, support, and encourage men and women who are interested in learning about how to become a monk, nun, or priest.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Natalie Smith Pres.
6311 NW 47 Ct.
Coral Springs, Fla. 33067

David R. Smith V.P. Sec./Treasurer
6311 NW 47 Ct.
Coral Springs, Fla. 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Natalie Smith
63 11 NW 47 Ct.
Coral Springs, Fla. 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Natalie Smith
6311 NW 47 Ct.
Coral Springs, Fla. 33067

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

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TALLAHASSEE FLORIDA