

TRANSMITTAL LETTER

P02 000000 1380

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

REMOVED  
FILED  
02 JAN -4 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: VIRGO IT PROFESSIONALS, 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: WILL LINCOLN  
Name (Printed or typed)

2904 CAPITAL PARK DRIVE  
Address

TALLAHASSEE, FL 32301  
City, State & Zip

(850) 544-7042  
Daytime Telephone number

RECEIVED

02 JAN -4 PM 2:49

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

800004752028--5  
-01/04/02--01060--001  
\*\*\*\*\*79.00 \*\*\*\*\*78.75

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

*[Signature]*  
1/4  
w

# 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:

VERCO IT PROFESSIONALS, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2904 CAPITAL PARK DRIVE  
TALLAHASSEE, FL 32301

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE INFORMATION TECHNOLOGY SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

WILL LINCOLN

## ARTICLE VI REGISTERED AGENT

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

2904 CAPITAL PARK DR / WILL LINCOLN  
TALLAHASSEE, FL 32301

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILL LINCOLN  
2904 CAPITAL PARK DRIVE  
TALLAHASSEE, FL 32301

\*\*\*\*\*  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN -4, PM 3:00

APPROVED  
AND  
FILED