

P030000037679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200013539192

03/10/03--01056--004 **78.75

FILED
03 APR -2 PM 1:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

VF

TRANSMITTAL LETTER

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

SUBJECT: _____

VRU, 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: _____

Todd A. West
Name (Printed or typed)

652 Charing Ct.

Address

Orlando, FL 32835

City, State & Zip

407-292-3222

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2003

TODD A. WEST
652 CHARING CT
ORLANDO, FL 32835

SUBJECT: VRU INC.
Ref. Number: W03000007038

We have received your document for VRU INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 503A00015375

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621.FS. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **VRU Vacations Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

VRU Vacations Inc. 652 Charing Ct Orlando, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide our company with a greater ability in raising capital to ensure the efficiencies of our business. Which will help providing quality vacations to the general public.

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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


Todd A. West – 652 Charing Ct, Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

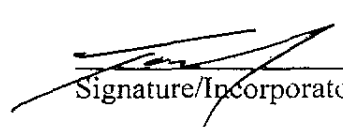
Todd A. West – 652 Charing Ct, Orlando, FL 32835

.....
Having been names as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with an accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

3/28/03

Date


Signature/Incorporator

3/28/03

Date

FILED

03 APR -2 PM 1:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**