

PD3000075463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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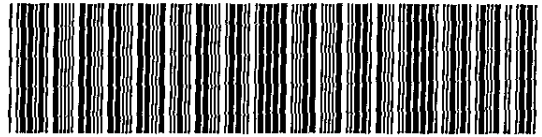
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUL -3 AM 10:45

## TRANSMITTAL LETTER

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

SUBJECT: THE VARGAS GROUP INSTITUTE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: THE VARGAS GROUP INSTITUTE INC.

Name (Printed or typed)

6457 EMERALD PINES CIRCLE

Address

FT. MYERS, FLORIDA 33912

City, State & Zip

(239) 454-1022

Daytime Telephone number

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

# 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:  
THE VARGAS GROUP INSTITUTE INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
6457 EMERALD PINES CIRCLE  
FT. MYERS, FLORIDA 33912

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
BUSINESS CONSULTING AND WEB SITE DEVELOPMENT

## ARTICLE IV SHARES

The number of shares of stock is:  
1000 AT \$1.00 PER SHARE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
DAVID VARGAS /CEO     MARIANNE DE VARGAS / CCO

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
DAVID VARGAS  
6457 EMERALD PINES CIRCLE FT. MYERS, FLORIDA 33912

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:  
DAVID VARGAS  
6457 EMERALD PINES CIRCLE  
FT. MYERS, FLORIDA 33912

\*\*\*\*\*

*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

6-21-2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-21-2003  
\_\_\_\_\_  
Date

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