

P03000107167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

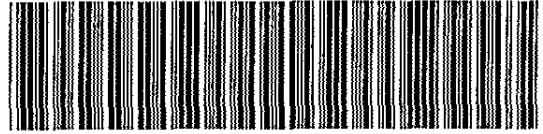
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS/bk

TRANSMITTAL LETTER

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

SUBJECT: VCAR SUBS 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: PETER F.VRANICAR

Name (Printed or typed)

1001, SW. CORNELIA AVE.

Address

PORT SAINT LUCIE-FL-34953

City, State & Zip

(772) 873-0878

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:

VCAR SUBS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1001, SW. CORNELIA AVE.
PORT SAINT LUCIE - FL - 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PETER F.VRANICAR
1001, SW.CORNELIA AVE.
PORT SAINT LUCIE-FL-34953
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

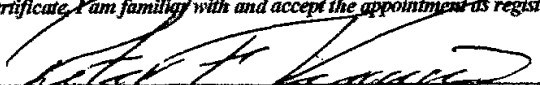
PETER F.VRANICAR
1001, SW.CORNELIA AVE.
PORT SAINT LUCIE-FL-34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER F.VRANICAR
1001, SW.CORNELIA AVE.
PORT SAINT LUCIE - FL 34953

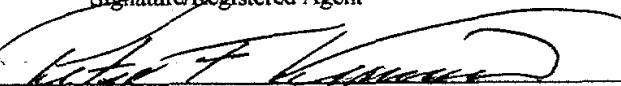
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09-16-2003

Date



Signature/Incorporator

09-16-2003

Date

FILED
03 SEP 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA