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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** Vanfleteren Consulting, 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:** JoAnn Collette

Name (Printed or typed)

1735 Bolton Village Lane

Address

Niceville, FL 32578

City, State & Zip

(850) 897-4919

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:

Vanfleteren Consulting, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1735 Bolton Village Lane  
Niceville, FL 32578

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide consulting services to corporations.

### **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):

JoAnn Collette - Corporate Officer  
Didier Vanfleteren - Corporate Officer

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Didier Vanfleteren  
1735 Bolton Village Lane  
Niceville, FL 32578

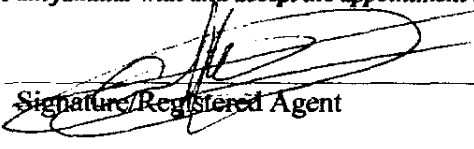
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JoAnn Collette  
1735 Bolton Village Lane  
Niceville, FL 32578

\*\*\*\*\*

*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

08/13/2005

\_\_\_\_\_  
Date

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

08/13/2005

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA