

P06000024976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

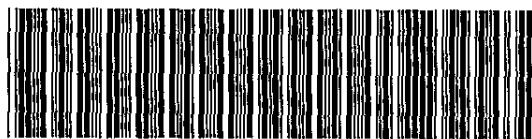
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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28.2-

COVER LETTER

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

SUBJECT: Virus Shield, 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: MICHAEL WIENER

Name (Printed or typed)

2940 DRANE FIELD ROAD

Address

LAKELAND, FLORIDA 33811-1329

City, State & Zip

(863) 607-9100

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:

Virus Shield, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2940 DRANE FIELD ROAD
LAKE LAND, FLORIDA 33811-1329

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 (One Thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL WIENER - DIRECTOR
2940 DRANE FIELD ROAD
LAKE LAND, FLORIDA 33811-1329

ARTICLE VI REGISTERED AGENT

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

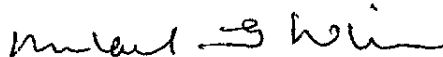
MICHAEL WIENER
2940 DRANE FIELD ROAD
LAKE LAND, FLORIDA 33811-1329

ARTICLE VII INCORPORATOR

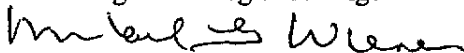
The name and address of the Incorporator is:

MICHAEL WIENER
2940 DRANE FIELD ROAD
LAKE LAND, FLORIDA 33811-1329

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



Signature/Incorporator

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/13/2006

Date

09/13/2006

Date