

P06000029739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

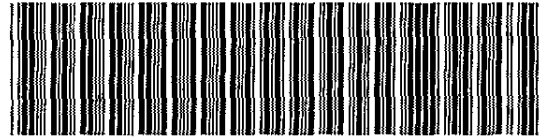
(Document Number)

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*[Handwritten Signature]*



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CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 27 AM 9:57

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## COVER LETTER

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

SUBJECT: VCFE OF TAMPA BAY, 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: KEN SEIFERT  
Name (Printed or typed)

3812 WEST OBISPO STREET  
Address

TAMPA BAY, FL 33629  
City, State & Zip

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:

VCFE OF TAMPA BAY, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3812 WEST OBISPO STREET TAMPA, FL 33629

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## 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):

KEN SEIFERT 3812 WEST OBISPO STREET TAMPA, FL 33629 PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

KEN SEIFERT 3812 WEST OBISPO STREET TAMPA, FL 33629

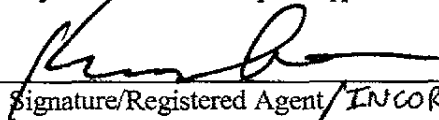
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEN SEIFERT 3812 WEST OBISPO STREET TAMPA, FL 33629

\*\*\*\*\*

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/INCORPORATOR

SEE ABOVE

Signature/Incorporator

2/14/06  
Date

Date

FILED  
06 FEB 27 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA