

PD 7000108621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

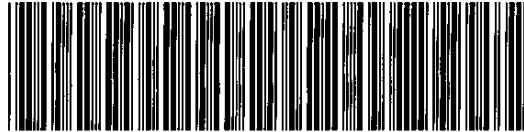
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/07--01037--011 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT -2 PM 3:44

APPROVED
AND
FILED

W07-46966

B. McKnight OCT 02 2007

COVER LETTER

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

SUBJECT: Virtual Assistance For You 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Karen L Watson

Name (Printed or typed)

12141 S Canna Pt.

Address

Floral City, FL 34436

City, State & Zip

352-585-3453

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2007

KAREN L WATSON
12141 S CANNA PT
FLORAL CITY, FL 34436

SUBJECT: VIRTUAL ASSISTANCE FOR YOU INC.
Ref. Number: W07000046966

We have received your document for VIRTUAL ASSISTANCE FOR YOU INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 107A00055741

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:

Virtual Assistance For
You Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12141 S. Cannas Pt.
Floral City, FL 34436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To become an independ-
ent contractor for virtual assistance in
customer service.

ARTICLE IV SHARES

The number of shares of stock is:

~~Two~~ Two (2)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Haren L. Watson (owner)
12141 S. Cannas Pt.
Floral City, FL 34436

ARTICLE VI REGISTERED AGENT

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

Haren L. Watson
12141 S. Cannas Pt.
Floral City, FL 34436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Haren L. Watson
12141 S. Cannas Pt.
Floral City, FL 34436

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

Haren L. Watson

Signature/Registered Agent

9.19.07

Date

Haren L. Watson

Signature/Incorporator

9.19.07

Date

07 OCT -2 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED