

PO7000132610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

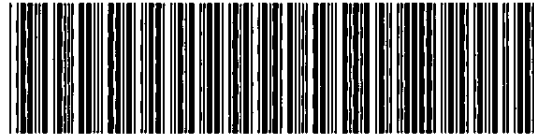
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 DEC 17 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

am 12/17/07

## COVER LETTER

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

SUBJECT: VenDor Corp  
(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: VenDor Corp

Name (Printed or typed)

580 Live Oak Street

Address

ST. Augustine, FL 32084

City, State & Zip

904-347-6449

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:

*Vene Dor Corp*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

580 Live Oak Street  
St. Augustine, FL 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Vanessa Lee  
580 Live Oak Street  
St. Augustine, FL 32084

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**ARTICLE VI REGISTERED AGENT**

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

A. Khaliq Alansari  
580 Live Oak Street  
St. Augustine, FL 32084

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

A. Khaliq Alansari  
580 Live Oak Street  
St. Augustine, FL 32084

\*\*\*\*\*

*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

\_\_\_\_\_  
12-17-2007

Date

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

\_\_\_\_\_  
12-17-2007

Date

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TALLAHASSEE, FLORIDA