

P09 000045546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

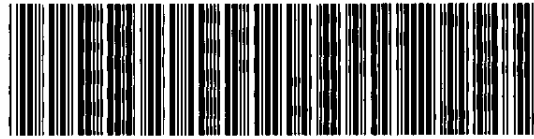
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400156045114

05/22/09--01013--014 \*\*78.75

FILED  
09 MAY 22 AM 8:16  
U.S. DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE

RMB

## COVER LETTER

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

SUBJECT:

V.A.G. Investigations 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:

VANLESHA LAWSON

Name (Printed or typed)

9101 Integra meadows Dr. suite 101

Address

Davenport, FL 33896

City, State & Zip

(904) 735-2888

Daytime Telephone number

vaginvestigations@yahoo.com

E-mail address: (to be used for future annual report notification)

**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: V.A.G. Investigations Inc.

09  
MAY 22 PM 8:16  
FILED

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

9101 Integra Meadows Dr. Suite 101  
Davenport, FL 33896

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Investigative Services

**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):

Vanlesha Lawson - president  
Willie Lawson - vice president

9101 Integra  
Meadows Dr, Suite 101  
Davenport, FL 33896

**ARTICLE VI REGISTERED AGENT**

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

Kavin Ware  
2497 NW 115 St  
Miami, FL 33167

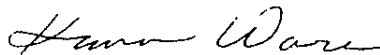
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Vanlesha Lawson 9101 Integra Meadows Dr. Suite 101  
Davenport, FL 33896

\*\*\*\*\*


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

5/17/09

Date



Signature/Incorporator

5/19/09

Date