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PICK-UP	☐ WAIT	MAIL	ţ
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Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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# COVER LETTER

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

SUBJECT:	Your Virtual Office Services, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIR		PY REQUIRED		
FROM:		Murfin-Grasser e (Printed or typed)			
	1505 Leland Way				
	Address				
	Marco Island, FL, 34145				
	City,	State & Zip			
	(239) 970-0588				
	Daytime T	elephone number			
lauragrasser@comcast.net  E-mail address: (to be used for future annual report notification					
	E-man address: (to be use	u tor tuture annuai report r	ionneation)		

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:

Your Virtual Office Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1505 Leland Way Marco Island, FL 34145

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose for which the corporation is organized to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is: The number of shares of which the corporation shall have the authority to issue is one hundred (100) having a par value of \$1.00 per share.

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): The street address of the initial registered office of this corporation is 1505 Leland Way, Marco Island, Florida 34145, and the initial registered agent of this corporation at that address is Laura A. Murfin-Grasser.

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Laura A. Murfin-Grasser 1505 Leland Way Marco Island, FL 34145

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Laura A. Murfin-Grasser

1505 Leland Way Marco Island, FL 34145

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/Régistered Agent

gnature/Incorporator

10 - 21 - 2009 Date 10 - 21 - 2009

