

P10000084833

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT 15 PM 4:16

APPROVED  
AND  
FILED

WY

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Southern Resellers, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1395 Sourwood Court

North Fort Myers, FL 33917

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Reseller

**ARTICLE IV SHARES**

The number of shares of stock is 4

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

Name and Title: Michael Virsack / Director

Address: 1395 Sourwood Ct.

North Fort Myers, FL 33917

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael Virsack

Address: 1395 Sourwood Ct.

North Fort Myers, FL 33917

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Virsack

Address: 1395 Sourwood Ct.

North Fort Myers, FL 33917

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

October 10, 2010

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

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

October 10, 2010

\_\_\_\_\_  
Date