

P11000003082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

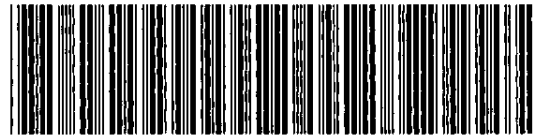
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DIVISION OF CORPORATIONS
2011 JAN 11 PM 2:52
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FILED
11 JAN 11 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 11 2011

COVER LETTER

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

SUBJECT: Vanguard Consulting & Events, Co.
(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: Arrhea S. Williams
Name (Printed or typed)
2895 Thornton Road
Address
Tallahassee, Florida 32308
City, State & Zip
(850) 942-6707
Daytime Telephone number
Arrhea@embargmail.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: Vanguard Consulting & Events, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

507 West Gaines Street
Tallahassee, Florida

2895 Thornton Road
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and Events; Educational Services and related events; Special Events; Writing, General Consulting and Retail; Event Planning and Coordination.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Archea S. Williams, Pres.
Address: 2895 Thornton Road
Tallahassee, Florida
32308

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: Archea S. Williams
Address: 2895 Thornton Road
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Archea S. Williams
Address: 2895 Thornton Road
Tallahassee, FL 32308

Having been named as registered agent to accept service of process for the above-stated corporation and this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the place designated in

Archea S. Williams
Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that if this document to the Department of State constitutes a third degree felony as provided for in s.81

Archea S. Williams
Required Signature/Incorporator

FILED
11 JAN 11 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11/2011
Date

Information submitted in a

01/11/2011
Date