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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/31

COVER LETTER

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

SUBJECT: VMG NATIONAL MULTISERVICES, 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: MARIBEL RAMIREZ

Name (Printed or typed)

9309 JASMINE FLOWER LANE

Address

ORLANDO, FL 32832

City, State & Zip

407-731-4268

Daytime Telephone number

maribel300@hotmail.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:

VMG NATIONAL MULTISERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

Mailing address, if different is:

9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MULTI-SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARIBEL RAMIREZ (PRESIDENT)**
Address: 9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

Name and Title: **JHONNY BARRERA (VICE-PRESIDENTE)**
Address: 9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

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: **MARIBEL RAMIREZ**
Address: 9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARIBEL RAMIREZ**
Address: 9309 JASMINE FLOWER LANE
ORLANDO, FL 32832

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

X

Required Signature/Registered Agent

1/20/11
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.

X

Required Signature/Incorporator

1/20/11
Date

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TALLAHASSEE FLORIDA