

P11000047484

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04/25/11--01056--006 **78.00

05/19/11--01025--005 **0.75

FILED
11 MAY 17 PM 4:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

K 05/19/11

W11-23563



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2011

VALENTINO ALPHANSO SMITH
217 BELL BLVD SOUTH
LEHIGH ACRES, FL 33974

SUBJECT: V.S. INSURANCE AGENCY, INC.
Ref. Number: W11000023563

We have received your document for V.S. INSURANCE AGENCY, INC. and check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.75.

It appears from the information given in your filing that the incorrect filing type was selected.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 211A00010231

RECEIVED
11 MAY 17 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: V.S. INSURANCE AGENCY, 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: VALENTINO ALPHANSO SMITH

Name (Printed or typed)

217 BELL BLVD. SOUTH

Address

LEHIGH ACRES, FL. 33936

City, State & Zip

239-368-6583

Daytime Telephone number

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.S. INSURANCE AGENCY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000n LEE BLVD, STE. 206
LEHIGH ACRES, FL. 33936

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALENTINO A. SMITH -PRESI

Address: _____

Name and Title: SHERON SMITH -SECRETARY

Address: 8500 S. ESCANABA AVE.,

CHICAGO, IL 60617

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: VALENTINO A. SMITH

Address: 217 BELL BLVD. SOUTH

LEHIGH ACRES, FL 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALENTINO A. SMITH

Address: 217 BELL BLVD. SOUTH

LEHIGH ACRES, FL 33936

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

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

Date

FILED
11 MAY 17 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/2011

05/02/2011