

P110000052638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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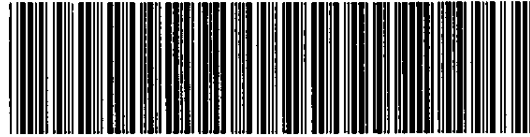
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/03/11--01011--014 **78.75

APPROVED
AND
FILED
11 JUN -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **MDB Vermont Enterprises, 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: **Mark D. Boyce**

Name (Printed or typed)

100 L'Ambiance Circle Ste 203

Address

Naples, FL 34108

City, State & Zip

847-507-0562

Daytime Telephone number

mark.boyce@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME MDB Vermont Enterprises, Inc.
The name of the corporation shall be:

11 JUN -3 AM 10:29

ARTICLE II PRINCIPAL OFFICE
Principal street address
100 L'Ambiance Circle #203
Naples, FL 34108

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Conduct any and all business allowed by the laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>Mark D. Boyce, President</u> | Name and Title: _____ |
| Address: <u>100 L'Ambiance Circle #203</u> | Address: _____ |
| <u>Naples, FL 34108</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: Mark D. Boyce
Address: 100 L'Ambiance Circle #203
Naples, FL 34018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark D. Boyce
Address: 100 L'Ambiance Circle #203
Naples, FL 34018

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 | <u>5-23-2011</u> _____ 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 | <u>5-23-2011</u> _____ Date |
|---|-----------------------------------|