## P11000064574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:  (HANGED TINE  (OFFICE CALL  TO DEPENDE 07/19/11  PERFORM 07/19/11  PERFORM NO 07/19/11

Office Use Only



000209850990

07/14/11--01004--006 \*\*78.75

THE IN PHIS OF

TE 07/19/11

W11-37847

## **COVER LETTER**

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

SUBJECT:	VU	LEGAL POSED CORPOR	, P. A.		
	(PRC	POSED CORPOR	ATE NAME - MUST	INCLUDE SUFFIX)	
Enclosed are an o	original and one	(1) copy of the ar	ticles of incorporatio	n and a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fe & Certific	e cate of Status	\$78.75 Filing Fee & Certified Co	& Certificate of Status	
			ADDITIONAL	L COPY REQUIRED	
FROM:	MA	AP VU, E.	SQ, e (Printed or typed)		
-	2308	W. Norti	B Sto	#2	
Tampa, FL 33609 City, State & Zip					
-	(61	<u>4)</u> 440-	8012		
_	Mai E-mai	address: (to be use	gal. con set for future annual re	port 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: VU LEGAL,	P.A.	
Principal office  Principal street address  8730 49th St N.  Suite # 3B  Pinellas Park, FL 33782	<u></u>	lress, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Legal Services / The practice	of law	
ARTICLE IV SHARES The number of shares of stock is: 100		
Name and Title: DIRECTOR : MAIVU  Address: \$730 49th St N.  Suite # 3B  Pinellas Park, F1 3378	Name and Title: Address:	
Name and Title:Address:		
Name and Title:Address:	A ddmoon.	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name: MAI VU, ESQ.		A STATE OF THE STA
Address: 8730 49th St N. Su. Pinellas Pack, Fl 335		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:  Name:  Address:  MAIVU ESQ.  8730 49th St N. Suit  Pinellas Park FL 33	E#3B 2782	A DO
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as reg	s for the above stated corpora istered agent and agree to act	tion at the place designated in in this capacity
mail		7/12/2011
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the fai y as provided for in s.817.155,	lse information submitted in a F.S.
Mail		2/12/2011
Required Signature/Incorporator	<del></del>	Date