

P11000067017

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381**RECEIVED JUL 25 2011**

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
VPAR INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 JUL 25 PM 12:56

07/26/11

Electronic Filing Menu

Corporate Filing Menu

Help

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: VPAR Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10014 North Dale Mabry Hwy
Ste# 213
Tampa FL 33618

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julian Sykes (Director)
Address: 211 Westbourne Grove
London, W11 2SE

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: Julian Sykes
Address: 10014 North Dale Mabry Hwy #213
Tampa FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julian Sykes
Address: 10014 North Dale Mabry Hwy #213
Tampa FL 33618

Having been named or 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



Registered Signature Registered Agent

07/25/2011

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 2817.153, F.S.



Incorporator Signature

07/25/2011

Date

FILED
11 JUL 25 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA