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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**FLORIDA PROFIT/NON PROFIT CORPORATION
Volturnus, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers JAN 24 2012

COVER LETTER

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

SUBJECT: Volturus, 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: Jonathan H. (Jason) Warner

Name (Printed or typed)

435 Allen Mtn. Lane

Address

Spruce Pine, NC 28777

City, State & Zip

828-766-6106

Daytime Telephone number

jasonwarner@warnertax.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 23 AM 9:57

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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 Volturnus, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
435 Allen Min. Lane
Spruce Pine, NC 28777

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares common, \$1 apr

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jonathan H. (Jason) Warner, Dir. Pres. and Sec</u>	Name and Title: _____
Address: <u>435 Allen Min. Lane</u>	Address: _____
<u>Spruce Pine, NC 28777</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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Jonathan H. (Jason) Warner
Address: 435 Allen Min. Lane
Spruce Pine, NC 28777

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
C T Corporation System

By: Terence Hardley
Required Signature/Registered Agent

1/20/2012
Date

Terence Hardley Asst. Secretary

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.

Jason H. Warner
Required Signature/Incorporator
Jason H. Warner

1/20/2012
Date