

P12 0000 28698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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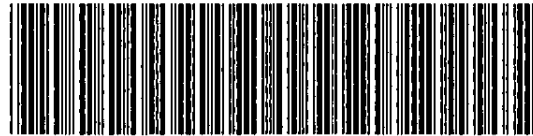
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/23/12--01022--004 **87.50

J. Shivers MAR 26 2012

FILED
2012 MAR 23 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Volturi, 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: Lin Oliver

Name (Printed or typed)

806-B Rosselle St.

Address

Jacksonville, FL 32204

City, State & Zip

904-610-8320

Daytime Telephone number

jaxsignsaccounting@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
806-B Rosselle St.
Jacksonville, FL 32204

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To start a different business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lin Oliver, President
Address: 806-B Rosselle St.
Jacksonville, FL 32204

Name and Title: _____
Address: _____

Name and Title: Kirsten Rose, Treasurer
Address: 806-B Rosselle St.
Jacksonville, FL 32204

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: Lin Oliver
Address: 806-B Rosselle St.
Jacksonville, FL 32204

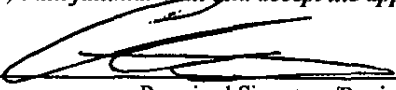
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lin Oliver
Address: 806-B Rosselle St.
Jacksonville, FL 32204

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TALLAHASSEE, FLORIDA

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

3/26/2012

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

3/26/2012

Date