

P12000034955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

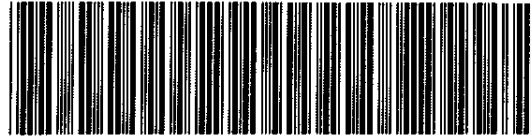
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300227835153

04/11/12--01033--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 11 PM 12:19

COVER LETTER

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

SUBJECT: V-Toe Socks, 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: Allan Parry, JR

Name (Printed or typed)

2353 Cool Springs Dr N

Address

Jacksonville, FL 32246

City, State & Zip

904-254-9534

Daytime Telephone number

allan@vtoesocks.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)

ARTICLE I NAME

V-Toe Socks, Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

2353 Cool Springs Dr N

Jacksonville, FL 32246

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporation may be now or hereafter organized under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: Total number of shares authorized shall be one thousand (1,000) with a par value of \$1.00.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allan L. Parry, JR - Director

Address: 2353 Cool Springs Dr N

Jacksonville, FL 32246

Name and Title: _____

Address: _____

Name and Title: Allan L. Parry, JR - President/Secretary/Treasurer

Address: 2353 Cool Springs Dr N

Jacksonville, FL 32246

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: Allan L. Parry, JR.

Address: 2353 Cool Springs Dr N

Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allan L. Parry, JR

Address: 2353 Cool Springs Dr N

Jacksonville, FL 32246

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

4-7-2012
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

4-7-2012
Date

RECEIVED
DIVISION OF CORPORATIONS
12 APR 11 PM 12:19