

P12000046080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

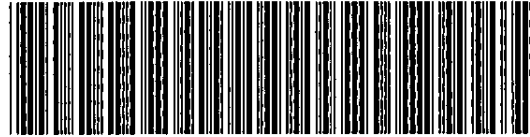
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500235121275

05/16/12--01010--002 \*\*70.00

FILED  
2012 MAY 16 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 17 2012

## COVER LETTER

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

SUBJECT: Vinnys Trading Post Co.

(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: Vincent Mostacci

Name (Printed or typed)

13167 S US Hwy 441

Address

Summerfield, Fl. 34491

City, State & Zip

352-307-1159

Daytime Telephone number

vinnys trading post@yahoo.com

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

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

FILED  
2012 MAY 16 AM 9:51  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE

**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: **Vinnys Trading Post Co**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13167 S US Hwy 441  
Summerfield, FL 34491

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To have a company that can buy & sell items as a business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Vincent Mostacci, President</u>	Name and Title:	_____
Address:	<u>10891 SW 110 Crt</u>	Address:	_____
	<u>Dunnellon, FL 34432</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: Vincent Mostacci  
Address: 10891 SW 110 Crt  
Dunnellon, FL 34432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vincent Mostacci  
Address: 10891 SW 110 Crt  
Dunnellon, FL 34432

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

Vincent Mostacci

Required Signature/Registered Agent

5-14-12  
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.

Vincent Mostacci

Required Signature/Incorporator

5-14-12  
Date

FILED  
2012 MAY 16 AM 9:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE