

P12000071321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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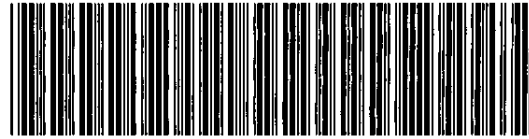
(Business Entity Name)

(Document Number)

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

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12 AUG 17 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Stivers AUG 20 2012

## COVER LETTER

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

SUBJECT: VICOA CONSULTING GROUP, 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: BRIAN L. SMITH

Name (Printed or typed)

C/O ADELINE 1130 WILSHIRE CIRCLE WEST

Address

PEMBROKE PINES, FLORIDA 33027

City, State & Zip

954-290-6675

Daytime Telephone number

rsadeline@att.net

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

**VICOA CONSULTING GROUP, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

C/O Adeline  
1130 Wilshire Circle West  
Pembroke Pines, Florida 33027

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Consulting and Sales**

**ARTICLE IV SHARES**

The number of shares of stock is: **Authorized 1,000 Common Shares, Par Value \$1.00**

**Issued 100 Shares**

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

Name and Title: Brian L. Smith, President

Name and Title: \_\_\_\_\_

Address: C/O Adeline

Address: \_\_\_\_\_

1130 Wilshire Circle West

Pembroke Pines, Florida 33027

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: Richard Adeline

Address: 1130 Wilshire Circle West

Pembroke Pines, Florida 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brian L. Smith

Address: C/O Adeline 1130 Wilshire Circle West

Pembroke Pines, Florida 33027

*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*

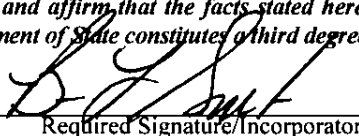


Required Signature/Registered Agent

8/14/12

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.*



Required Signature/Incorporator

8-14-12

Date

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TALLAHASSEE, FLORIDA

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