## P13000051788

| (Re                         | equestor's Name)   |             |
|-----------------------------|--------------------|-------------|
| (Ac                         | ddress)            |             |
| (Ac                         | ddress)            |             |
| (Ci                         | ty/State/Zip/Phone | e #)        |
| PICK-UP                     | WAIT               | MAIL MAIL   |
| (Bu                         | usiness Entity Nar | me)         |
| (Do                         | ocument Number)    |             |
| Certified Copies            | Certificates       | s of Status |
| Special Instructions to     | Filing Officer:    | 5           |
| James K<br>AUTHORIZATION BY | PHONE TO           | IVE<br>Z    |
| DATE 0//4/                  | MRD                |             |
|                             |                    |             |
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Office Use Only

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SECRETARY OF STATE

## **COVER LETTER**

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

## SUBJECT: Vanguard Consulting and Marketing Solitions, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
|--------------------|--|--|--|
| FROM: J            | ames R. Heeres                               | e (Printed or typed)                               |  |
| 60                 | 030 W Livingstor                             | n St   |  |
| 0                  | rlando, FL 3283                              | Address  |  |
| 4                  | City<br>07-300-4529                          | , State & Zip                                      |  |
|                    | ·  | Telephone number                                   |  |
| jir                | nh1011@gmail.con                             | 1<br>ed 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 II P                                  | Neincipal office  | Mailin  | g address, if different is:  |
|---|---|---|--|
| 6030 Livings                                  | Principal <u>street</u> address   | Mailing   | g address, if different is:  |
| <del> </del>                                  |   |   |  |
| Orlando, FL                                   | 32835   |   |  |
|   |   | ·····   |  |
|   | RPOSE provide the corporation is organized is:  | le training and o   | onsulting service  |
| for direct sale                               | es professionals.   |   |  |
| <del></del>                                   |   |   |  |
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| <del>, ,</del>                                |   |   |  |
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|   |   |   | 55毫元上  |
| ARTICLE IV SI                                 | IARES INA (A) #1.42 no  | 11 < hano   | SSEE OF THE PERSON OF THE PERS |
| ARTICLE IV SP                                 | HARES 100 @ #1.00 pl  | ushare  | SSEE, FL   |
|   | ,   |   | TO PA STATE  |
| ARTICLE V IN                                  | '<br>TITIAL OFFICERS AND/OR DIRECTO   | DRS   | 13 PM 4: 47 ASSEE FLORIDA  |
| ARTICLE V IN                                  | TITIAL OFFICERS AND/OR DIRECTO tle:_James R. Heeres, Preside  | DRS<br>nt Name and Title:   | 13 PM 4: 47 SSEE FLORIDA   |
| ARTICLE V IN                                  | TITIAL OFFICERS AND/OR DIRECTO tle: James R. Heeres, Preside 6030 W Livingston St                     | DRS   | 13 PM 4: 47 NSSEE FLORIDA  |
| ARTICLE V IN                                  | TITIAL OFFICERS AND/OR DIRECTO tle:_James R. Heeres, Preside  | DRS<br>nt Name and Title:   | 13 PM 4: 47 SSEE, FLORIDA  |
| ARTICLE V IN                                  | TITIAL OFFICERS AND/OR DIRECTO tle: James R. Heeres, Preside 6030 W Livingston St                     | DRS<br>nt Name and Title:   | 13 PM 4: 47  SSEE, FLORIDA   |
| Name and Ti                                   | James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835                                       | Name and Title:Address:   |  |
| Name and Ti                                   | TITIAL OFFICERS AND/OR DIRECTO tle: James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835   | nt Name and Title: Address:   |  |
| Name and Ti                                   | James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835                                       | nt Name and Title: Address:   |  |
| Name and Ti<br>Address                        | TITIAL OFFICERS AND/OR DIRECTO tle: James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835   | nt Name and Title: Address:   |  |
| Name and Ti<br>Address                        | TITIAL OFFICERS AND/OR DIRECTO tle: James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835   | Name and Title:  Address:  Name and Title:  Address:  Address:        |  |
| Name and Ti<br>Address                        | James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835                                       | Name and Title:  Address:  Name and Title:  Address:  Address:        |  |
| Name and Ti<br>Address  Name and Tit  Address | James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835                                       | Name and Title:  Address:  Name and Title:  Address:                  |  |
| Name and Ti<br>Address  Name and Tit  Address | Intrial officers and/or director lie: James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835 | Name and Title:  Address:  Name and Title:  Address:  Name and Title: |  |
| Name and Tit Address  Name and Tit Address    | TITIAL OFFICERS AND/OR DIRECTO tile: James R. Heeres, Preside 6030 W Livingston St Orlando, FL 32835  | Name and Title:  Address:  Name and Title:  Address:  Name and Title: |  |

| Name and Title:   |   | Name and Title:  | FILED   |
|-------------------|---|--|---|
| Address           |   | Address:   | 13 JUN 13 PM 4:                               |
|                   |   |  | SECRETARY OF STATE                            |
| ARTICLE VI        | REGISTERED AGENT  |  |   |
| ine name and F    | lorida street address (P.O. Box NOT acceptable) o   | of the registered agent is:                            |   |
| Name:             | James R. Heeres   | _  |   |
| Address:          | 6030 W Livingston St.   |  |   |
|                   | Orlando, FL 32835   | <del></del>  |   |
| ARTICLE VII       | INCORPORATOR  |  |   |
| The name and a    | ddress of the Incorporator is:  |  |   |
| Name:             | James R. Heeres   | _  |   |
| Address:          | 6030 W Livingston St  | <del>-</del>   |   |
|                   | Orlando, FL 32835   | _  |   |
|                   | med as registered agent to accept service of proces<br>am familiar with and accept the appointment as re  |  |   |
|                   | Required Signature/Registered Agent   |  | Date  |
| I submit this doc | cument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felo | true. I am aware that the ny as provided for in s.817. | false information submitted in a<br>155, F.S. |
| ( ) /k            |   |  | 6/11/2013                                     |
| 1                 | Required Signature/Incorporator   | · <u>·············</u>                                 | Date  |