

P1300076004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

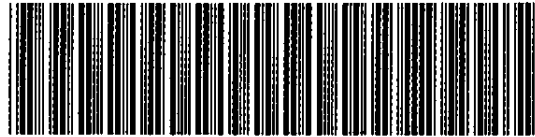
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/16/13--01004--028 **78.75

RECEIVED
OFFICE OF STATE
CLERK OF SUPERIOR COURT
2013 SEP 16 PM 2:41
TO ACTION CLERK
SUFFICIENCY OF FILING

APPROVED
AND
FILED
13 SEP 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 9/16/13

COVER LETTER

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

SUBJECT: Viper Holdings 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: Joseph C Dekle
Name (Printed or typed)

P.O. Box 49
Address

Woodville FL 32362
City, State & Zip

(850) 366-0906
Daytime Telephone number

Joseph C Dekle @ yahoo.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

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:

Viper Holdings Inc

13 SEP 16 PM 2:50

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

S4 Mother Nature Pl
Crawfordville, FL 32362

P.O. Box 49
Woodville, FL 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Preservation & Foreclosure
cleanups.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

President Joseph Dekle

Name and Title:

Address

P.O. Box 49

Address:

Woodville, FL

32362

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED (cont.)

13 SEP 16 PM 2:50

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph C DeKle
Address: 54 Mother Nature Pl
Crawfordville FL ~~32327~~ 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph C DeKle
Address: P.O. Box 49
Woodville FL 32362

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

[Signature]
Required Signature/Registered Agent

9-16-13
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.

[Signature]
Required Signature/Incorporator

9-16-13
Date