

PI 3000079552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

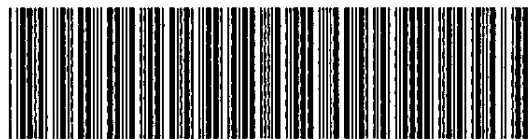
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 9/26

COVER LETTER

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

SUBJECT: Village Payroll Service 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: Elizabeth A White

Name (Printed or typed)

918 Rolling Acres Rd, Ste 5

Address

Lady Lake FL 32159

City, State & Zip

352-259-7053

Daytime Telephone number

villagepayrollusa@gmail.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

The name of the corporation shall be: Village Payroll Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

918 Rolling Acres Rd

Suite 5

Lady Lake FL 32159

Mailing address, if different is:

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To perform payroll, accounting and regulatory filing services for individuals and businesses.

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth A White, President

Address: 918 Rolling Acres Rd
Suite 5
Lady Lake FL 32159

Name and Title: John S Tuminaro, Vice President

Address: 918 Rolling Acres Rd
Suite 5
Lady Lake FL 32159

Name and Title: John N Tuminaro, Treasurer

Address: 918 Rolling Acres Rd
Suite 5
Lady Lake FL 32159

Name and Title: _____

Address: _____

Name and Title: _____

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: John S Tuminaro
Address: 17260 SE 116th Ct Rd
Summerfield FL 34491

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elizabeth A White
Address: 1729 Scranton Ter
The Villages FL 32162

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

John S Tuminaro 9/20/13
Required Signature/Registered Agent 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.

Elizabeth A. White 9-20-13
Required Signature/Incorporator Date