

P/30000082/55

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DIVISION OF CORPORATIONS
2013 OCT -4 PM 12:50

1/4

COVER LETTER

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

SUBJECT: Vincen7 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Mikki Vincen7
Name (Printed or typed)

5775 COLLINS AVE Apt 809
Address

Miami, FL 33140
City, State & Zip

209.929.3407
Daytime Telephone number

accounting@vincen7.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)

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ARTICLE I NAME

The name of the corporation shall be: Vincen 7 Inc.

2013 OCT -4 PM 12: 51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5775 Collins Ave
Apt. 809
Miami, FL 33140

P.O. Box 1181
Walled Lake, MI
48390

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting
for the Audio Visual Industries and to
optimize sales for distribution and dealer
firms.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKE VINCENT-OWNER Name and Title: _____

Address 5775 Collins Ave Address: _____

Apt 809 _____

Miami, FL 33140 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATION:

Name and Title: _____ Name and Title: 2013 OCT -4 PM 12:51
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mikki Vincent
Address: 5775 Collins Ave #809
Miami, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mikki Vincent
Address: 5775 Collins Ave #809
Miami, FL 33140

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

Mikki J. Vincent
Required Signature/Registered Agent

9/27/2013
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.817.153, F.S.

Mikki J. Vincent
Required Signature/Incorporator

9/27/2013
Date