

PI4000034935

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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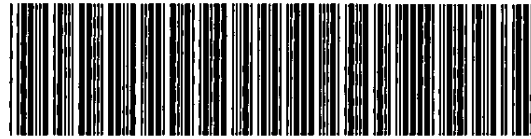
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

SUBJECT: VENDORS OF DISTINCTION ASSOCIATION, 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: MEGAN PERKINS  
Name (Printed or typed)  
7313 WESTPORT PL.  
Address  
WEST PALM BCH, FL. 33413  
City, State & Zip  
561-615-4283  
Daytime Telephone number  
megan@gatefla.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: VENDORS OF DISTINCTION ASSOCIATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7313 WESTPORT PLACE  
WEST PALM BEACH, FL.  
33413

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NETWORK MARKETING GROUP

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CHRIS ZELLER, P

Address: 7313 WESTPORT PL.  
WEST PALM BCH, FL  
33413

Name and Title: MEGAN PERKINS, VP

Address: 7313 WESTPORT PL.  
WEST PALM BCH, FL  
33413

Name and Title: BILL KENNEDY, S

Address: 7313 WESTPORT PL.  
WEST PALM BCH, FL.  
33413

Name and Title: MAGGIE ZELLER, T.

Address: 7313 WESTPORT PL.  
WEST PALM BCH, FL.  
33413

Name and Title: FRANK DOWLING, D

Address: 7313 WESTPORT PL.  
WEST PALM BCH, FL  
33413

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

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

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TALLAHASSEE FLORIDA

(conti.)

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: MEGAN PERKINS

Address: 7313 WESTPORT PLC.  
WEST PALM BCH, FL. 33413

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MEGAN PERKINS

Address: 7313 WESTPORT PLC.  
WEST PALM BCH, FL. 33413

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

Megan Perkins  
Required Signature/Registered Agent

4/5/2014  
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.

Megan Perkins  
Required Signature/Incorporator

4/5/2014  
Date

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