

P/4000079762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

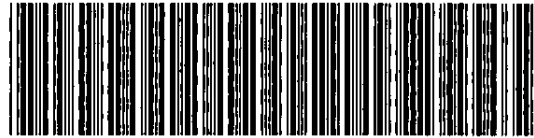
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263638059

09/25/14--01008--014 **/8.75

FILED

14 SEP 25 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 09/26/14

COVER LETTER

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

SUBJECT: Virtual CSR, 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: Linda Sullivan

Name (Printed or typed)

174 Burns Ave

Address

Longwood, FL 32750

City, State & Zip

407-748-1140

Daytime Telephone number

lindafaysullivan@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: Virtual CSR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

174 Burns Ave

Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do Virtual Customer Service.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Sullivan, All Offices

Name and Title: _____

Address 174 Burns Ave

Address: _____

Longwood, FL 32750

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 SEP 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Linda Sullivan

Address: 174 Burns Ave

Longwood, FL 32750

ARTICLE VII INCORPORATOR

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

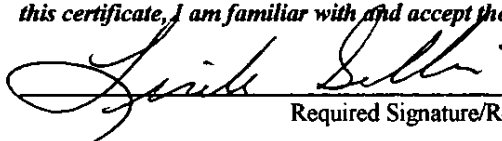
Name: Linda Sullivan

Address: 174 Burns Ave

Longwood, FL 32750

FILED
14 SEP 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

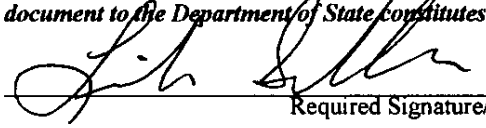
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent Linda Sullivan

09/20/2014

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.


Required Signature/Incorporator LINDA SULLIVAN

09/20/2014

Date