

PI50000002331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

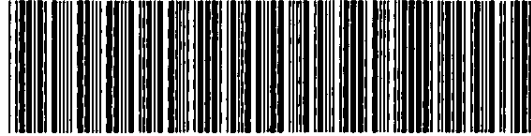
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15 JAN -7 PM 1:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MP 1/9

COVER LETTER

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

SUBJECT: V.I.P.PLASTIC CARD SERVICES,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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: V.I.P.PLASTIC CARD SERVICES,INC.
Name (Printed or typed)

2765 TAMIAMI TRAIL STE F
Address

PORT CHARLOTTE,FL 33952
City, State & Zip

423 943 0735
Daytime Telephone number

VIPLASTICARD@AOL.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: V.I.P.PLASTIC CARD SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2765 TAMiami TRAIL STE F
PORT CHARLOTTE, FL 33952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL CORPORATION

ARTICLE IV SHARES
The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICHOLAS A VERZI
Address: PRESIDENT
704 STURGEON PLACE
PUNTA GORDA, FL 33950

Name and Title: CRYSTAL A VERZI
Address: SECRETARY
704 STURGEON PLACE
PUNTA GORDA, FL 33950

Name and Title: NICHOLAS A VERZI
Address: DIRECTOR
704 STURGEON PLACE
PUNTA GORDA, FL 33950

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(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: DALE LEWIS
Address: 1126 OAKHILL ST
SEFFNER, FL 33584


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: NICHOLAS A VERZI
Address: 704 STURGEON PLACE
PUNTA GORDA, FL 33950

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

 1/5/15
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.

 1/5/15
Required Signature/Incorporator Date