

P15000015582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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: VWC Distributing, 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: Vincent W. Carlozzi

Name (Printed or typed)

13426 SW 63rd Terrace

Address

Ocala, FL 34473-2389

City, State & Zip

352-286-4873

Daytime Telephone number

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: VWC Distributing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13426 SW 63rd Terrace  
Ocala, FL 34473-2389

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the purpose of transacting any or all lawful business related activities under the Florida Business Corporation Act of the state of Florida.

The purpose of the business is to make a profit for the owners of the corporation while being an upstanding, dignified, and honorable member of society.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Vincent W. Carlozzi - President

Name and Title: Angelica Carlozzi - Vice President

Address: 13426 SW 63rd Terrace

Address: 13426 SW 63rd Terrace

Ocala, FL 34473-2389

Ocala, FL 34473-2389

51% Ownership

49% Ownership

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

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

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

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

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

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

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

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:

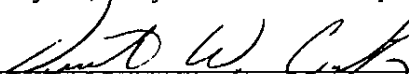
Name: Vincent W. Carlozzi  
Address: 13426 SW 63rd Terrace  
Ocala, FL 34473-2389

**ARTICLE VII INCORPORATOR**

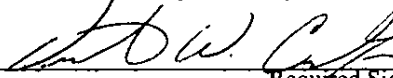
The name and address of the Incorporator is:

Name: Vincent W. Carlozzi  
Address: 13426 SW 63rd Terrace  
Ocala, FL 34473-2389

*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*

 1/28/15  
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.*

 1/28/15  
Required Signature/Incorporator Date

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