

P15000048914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

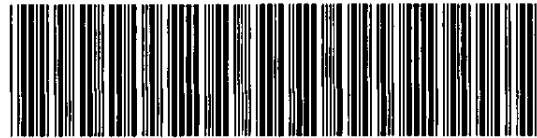
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800273372398

06/05/15--01001--002 \*\*87.50

RECEIVED  
15 JUN -4 PM 1:32  
DIVISION OF CORPORATIONS  
FILED  
15 JUN -4 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: VII XI Corp  
(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: Rufus Cotton II  
Name (Printed or typed)  
3927 Crawfordville Rd. Unit B54  
Address  
Tallahassee, FL 32305  
City, State & Zip  
(850) 877-6136  
Daytime Telephone number  
rcotton@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: VII XII Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3927 Crawfordville Rd  
Tallahassee, FL 32305 Unit B54

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Rufus Cotton II (P)</u>	Name and Title:	
Address	<u>3927 Crawfordville Rd.</u> <u>Tallahassee, FL 32305</u> <u>Unit B54</u>	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

FILED  
15 JUN -4 PM 2:12  
CLERK OF STATE  
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:

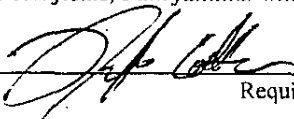
Name: Rufus Cotton II  
Address: 3927 Crawfordville Rd.  
Tallahassee, FL 32305 Unit B54

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

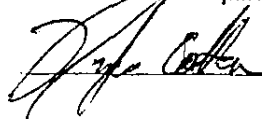
Name: Rufus Cotton II  
Address: 3927 Crawfordville Rd.  
Tallahassee, FL 32305 Unit B54

*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

6-4-15  
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

6-4-15  
Date