

P15000078124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

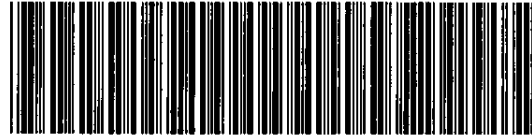
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 14 PM 1:59

9/23 ch

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: VIELAND INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
125 SOUTH STATE ROAD 7

SUITE 104-253

WELLINGTON, FL 33414

Mailing address, if different is:
125 SOUTH STATE ROAD 7

SUITE 104-253

WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT 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: MARJORIE JOHNSON/PRESIDENT

Address 2816 SERENITY CIRCLE SOUTH
FORT PIERCE, FL 34981

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: MARJORIE JOHNSON
Address: 2816 SERENITY CIRCLE SOUTH
FORT PIERCE, FL 34981

ARTICLE VII INCORPORATOR

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

Name: MARJORIE JOHNSON
Address: 2816 SERENITY CIRCLE SOUTH
FORT PIERCE, FL 34981

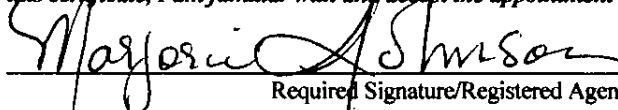
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

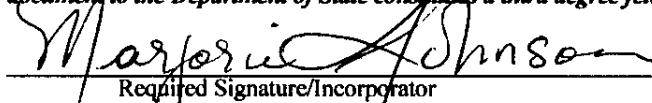


Required Signature/Registered Agent

7/26/15

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

7/26/15

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

MARJORIE JOHNSON
2816 SERENITY CIRCLE SOUTH
FORT PIERCE, FL 34981

SUBJECT: VIELAND INC.
Ref. Number: W15000055919

RECEIVED SEP - 9 2015

We have received your document for VIELAND INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 315A00017683