

P/5000089521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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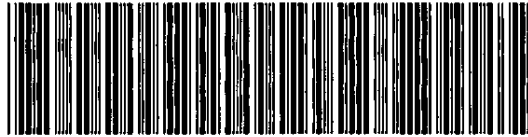
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 27 PM 12:09

11/03/15

COVER LETTER

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

SUBJECT: VerSteeg CodeWorks 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: William VerSteeg

Name (Printed or typed)

2003 Hill Street

Address

New Smyrna Beach Fl 32169

City, State & Zip

770 337 9448

Daytime Telephone number

billvs@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: VerSteeg CodeWorks Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2003 Hill Street

New Smyrna Beach Fl 32169

Mailing address, if different is:

2003 Hill Street

New Smyrna Beach Fl 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: design of digital television and networking systems

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William VerSteeg - President

Address 2003 Hill Street

New Smyrna Beach Fl 32169

Name and Title: Sheila VerSteeg - Secretary

Address: 6402 Lakeview Drive

Buford Ga 30518

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: William VerSteeg
Address: 2003 Hill Street
New Smyrna Beach Fl 32169

ARTICLE VII INCORPORATOR

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

Name: William VerSteeg
Address: 2003 Hill Street
New Smyrna Beach Fl 32169

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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

10/24/15
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

10/24/15
Date