

P 160000 14844

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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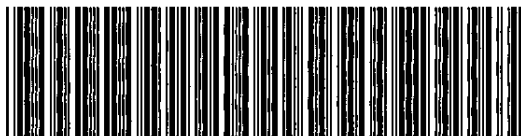
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2/16/16

COVER LETTER

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

SUBJECT: VANTAGE COLLECTION 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
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: Scott D. Foeller, Esq.
Name (Printed or typed)
2033 Wood Street, Suite #200
Address
Sarasota, FL 34237
City, State & Zip
941-955-7300
Daytime Telephone number
SDF@HODGESAVRUTIS.COM
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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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: VANTAGE COLLECTION SERVICES, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2033 Wood Street, Suite #200

Sarasota, FL 34237

Mailing address, if different is:

P.O. Box 4137

Sarasota, FL 34230

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide accounts receivable and collections services to businesses.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott D. Foeller, Director

Address: P.O. Box 4137

Sarasota, FL 34230

Name and Title: Michael Weaver, Director

Address: 225 NE 1st Avenue

Delray Beach, FL 33444

Name and Title: Thomas L. Avrutis, Director

Address: P.O. Box 4137

Sarasota, FL 34230

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: Hodges, Avrutis & Foeller
Address: 2033 Wood Street, Suite #200
Sarasota, FL 34237

ARTICLE VII INCORPORATOR

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

Name: Scott D. Foeller, Esq.
Address: 2033 Wood Street, Suite #200
Sarasota, FL 34237

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TALLAHASSEE, FLORIDA

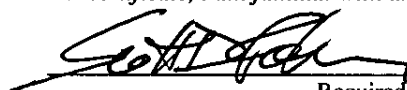
ARTICLE VIII EFFECTIVE DATE:

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

 *Vice Pres*
Required Signature/Registered Agent

1-29-16
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

1-29-16
Date