

P160000017650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

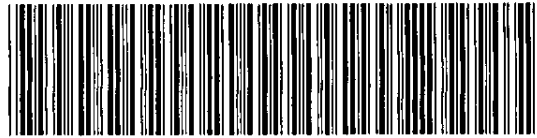
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800282598208

02/25/16--01007--022 **70.00

NOT RECORDED
10/10/2016
SUFFICIENT OF FILING

16 FEB 25 AM 11:52

RECEIVED
FEB 25 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 25 AM 11:58

FILED
FEB 25 AM 11:58

FEB 25 2016

A RAMSEY

COVER LETTER

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

SUBJECT: Vaplet, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Samuel Rose
Name (Printed or typed)

9689 N. Horseshoe Rd
Address

Tallahassee, FL 32317
City, State & Zip

Daytime Telephone number

Sam@vaplet.net
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: VAPLET, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

16 FEB 25 AM 11:58
Mailing address, if different is:

9689 N HORSESHOE RD
TALLAHASSEE FL 32317

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

FEIN # 81-1582779

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSHUA F BRAUN
Address: PRESIDENT
1104 NORTH DUNAL ST
TALLAHASSEE 32303

MATTHEW T HOGAN
Name and Title: MATTHEW
Address: 1317 S MERIDIAN
TALLAHASSEE 32301
DIRECTOR

Name and Title: SAMUEL W. ROSE
Address: 9689 N HORSESHOE RD
TALLAHASSEE 32317
TREASURER

Name and Title: KEEFER P. HAYNES
Address: 2315 JIM LEE RD
TALLAHASSEE FL
32301-6741
DIRECTOR

Name and Title: JUDITH A. MULLIN
Address: 2315 JIM LEE RD
TALLAHASSEE FL 32301
SECRETARY

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: Samuel Rose

Address: 9689 N Horseshoe Rd
Tallahassee, FL 32317

ARTICLE VII INCORPORATOR

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

Name: Samuel Rose

Address: 9689 N Horseshoe Rd
Tallahassee, FL 32317

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:

Samuel W Rose

Required Signature/Registered Agent

02/25/2016

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.

Samuel W Rose

Required Signature/Incorporator

02/25/2016

Date