

P16000073022

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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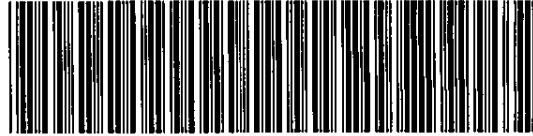
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/16--01024--007 **70.00

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2016 AUG 29 AM 6:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: V&S Non-Lawyer Paralegal 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Vonshay Blakely Jamie Thomas
Name (Printed or typed)

405 Buck Lake Lane
Address

Geneva, Florida, 32732
City, State & Zip

407-878-8515
Daytime Telephone

vsnonlawyerparalegal.service@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: V4S Non-Lawyer Paralegal Services, Inc.

ARTICLE II PRINCIPAL OFFICE

405 Buck Lake Lane Principal ~~street~~ address

Geneva, Florida, 32732

Mailing address, if different is:

P.O. Box 498

Geneva, Fl. 32732

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist the public with non-lawyer paralegal services.

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2017 JUN 29 AM 6:57
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vonshay Blakely, President

Address: 2301 Savoy Drive
Orlando, Fl. 32808

Name and Title: Jamie Thomas, Vice President

Address: 405 Buck Lake Lane
Geneva, Fl. 32732

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2016 AUG 29 AM 6:57

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Jamie Thomas

Address: _____

405 Buck Lake Lane

Geneva, Fl. 32732

ARTICLE VII INCORPORATOR

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

Name: _____

Vonshay Blakely Jamie Thomas

Address: _____

P.O. Box 498

Geneva, Fl. 32732

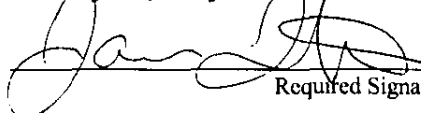
ARTICLE VIII EFFECTIVE DATE:

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

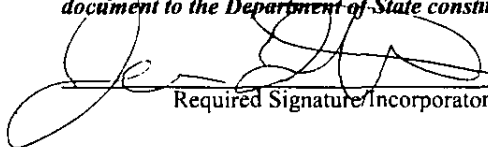


Required Signature/Registered Agent

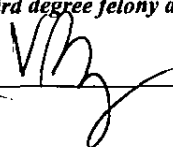
8/25/16

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



8/25/16

Date