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DEPARTMENT OF STATE
16 SEP 21 PM 2:34/6 SEP 21 AM 11:52

9/21/16

COVER LETTER

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

SUBJECT: VIETH DEVELOPMENT NORTH FLORIDA, 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: ANN BLACK
Name (Printed or typed)
3520 THOMASVILLE ROAD, 4TH FLOOR
Address
TALLAHASSEE, FL 32309
City, State & Zip
850-893-4105
Daytime Telephone number
tomvieth.build@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: VIETH DEVELOPMENT NORTH FLORIDA, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1644 CROSS POINTE WAY

TALLAHASSEE, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transact any and all lawful business in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOM VIETH, Director

Name and Title: SUSAN VIETH, Director

Address 1644 Cross Pointe Way

Address: 1644 Cross Pointe Way

Tallahassee, FL 32308

Tallahassee, FL 32308

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: TOM VIETH
Address: 1644 CROSS POINTE WAY
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

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

Name: TOM VIETH
Address: 1644 CROSS POINTE WAY
TALLAHASSEE, FL 32308

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

Tom Vieth
Required Signature/Registered Agent

9/21/16
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.

Tom Vieth
Required Signature/Incorporator

9/21/16
Date

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