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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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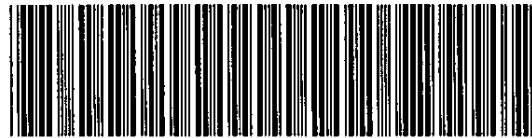
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT -6 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: VINTAGE CONSTRUCTION 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 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: PATRICIA L. MEADE
Name (Printed or typed)

934 BAER AVENUE NW
Address

PORT CHARLOTTE, FL 33948
City, State & Zip

941-999-7379
Daytime Telephone number

vintageconstructionservices@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: VINTAGE CONSTRUCTION SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA L. MEADE

Address: CHIEF EXECUTIVE OFFICER

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Name and Title: DARLINGTON B. MONCADA

Address: CHIEF OPERATING OFFICER

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Name and Title: RANDALL W. MEADE

Address: CHIEF TECHNOLOGY OFFICER

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Name and Title: PATRICIA E. HENSON

Address: CHIEF FINANCIAL OFFICER

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Name and Title: ZACHARY S. MEADE

Address: CHIEF MARKETING OFFICER

934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

Name and Title: _____

Address: _____

16 OCT -6 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: PATRICIA L. MEADE

Address: 934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

16 OCT -6 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: PATRICIA L. MEADE

Address: 934 BAER AVENUE NW

PORT CHARLOTTE, FL 33948

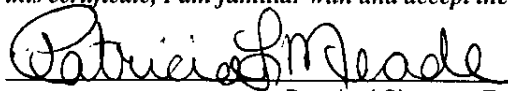
ARTICLE VIII EFFECTIVE DATE: OCTOBER 4, 2016

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

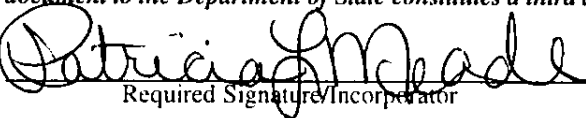


Required Signature/Registered Agent

10/01/2016

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.



Required Signature/Incorporator

10/01/2016

Date