

P/60000 89096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

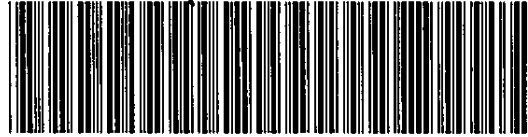
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/16--01027--003 **70.00

16 NOV -3 PM 7:18

FILED
NOV 03 2016
M. MOON

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NOV 03 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2016

VICKY L SPILLERS
8027 MACTAVISH WAY E
JACKSONVILLE, FL 32244

SUBJECT: VLS VENTURES, INC
Ref. Number: W16000067022

We have received your document for VLS VENTURES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 916A00020953

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COVER LETTER

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

SUBJECT: V. L. S. Ventures, 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: Vicky L Spillers

Name (Printed or typed)

8027 MacTavish Way East

Address

Jacksonville, FL 32244

City, State & Zip

904-625-6351

Daytime Telephone number

spillersv@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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DEPT. OF STATE
DIV. OF CORP.

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: V. L. S. Ventures, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8027 MacTavish Way East

Jacksonville, FL 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in e-commerce retail of general merchandise

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vicky L Spillers

Name and Title: _____

Address 8027 MacTavish Way East

Address: _____

Jacksonville, FL 32244

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA
6 MAY - 03 PM 7:18

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: Vicky L Spillers

Address: 8027 MacTavish Way East

Jacksonville, FL 32244

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RECEIVED
STATE
CLERK
JACKSONVILLE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vicky L Spillers

Address: 8027 MacTavish Way East

Jacksonville, FL 32244

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: upon 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

Vicky Spillers

Required Signature/Registered Agent

10/30/16
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.

Vicky Spillers

Required Signature/Incorporator

10/30/16
Date