

PI6000091004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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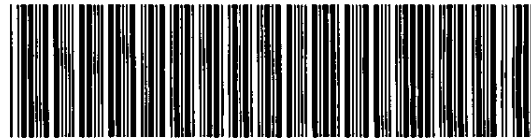
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV - 8 AM 8:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 15 2016

COVER LETTER

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

SUBJECT: V-telligence, 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: Angela M. Viles
Name (Printed or typed)
15991 Old Wedgewood
Address
Fort Myers, FL 33919
City, State & Zip
239-273-4355
Daytime Telephone number
angelamviles@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)

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ARTICLE I NAME

The name of the corporation shall be: V-telligence, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15991 Old Wedgewood
Ft. Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Viles P, S Name and Title: _____

Address 15991 Old Wedgewood Address: _____
Ft. Myers, FL 33908

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

DEPT. OF STATE
TALLAHASSEE, FLORIDA
39

ARTICLE VI REGISTERED AGENT

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

Name: Angela Viles

Address: 15991 Old Wedgewood
Ft. Myers, FL 33908

ARTICLE VII INCORPORATOR

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

Name: Angela Viles

Address: 15991 Old Wedgewood
Ft. Myers, FL 33908

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/12/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Angela Viles

Required Signature/Registered Agent

11/7/2016
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.

Angela Viles

Required Signature/Incorporator

11/7/2016
Date