

P 1800000 5165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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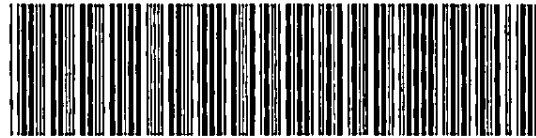
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18 JAN 16 PM 3:40  
CLERK OF COURT  
PALM BEACH COUNTY, FLORIDA

## COVER LETTER

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

**SUBJECT:** VECTOR GROUP 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      ☒ \$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:** LESTER WHEELER II  
\_\_\_\_\_  
Name (Printed or typed)  
  
10916 AUSTRALIAN PINE DRIVE  
\_\_\_\_\_  
Address  
  
RIVERVIEW FL 33579  
\_\_\_\_\_  
City, State & Zip  
  
813-672-1677  
\_\_\_\_\_  
Daytime Telephone number  
  
vectorgroupofcompaniesinc@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: VECTOR GROUP FLORIDA INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10916 AUSTRALIAN PINE DRIVE

RIVERVIEW FL 33579

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Purpose of the Corporation is to engage and conduct any and all lawful business and or activity for which

(a) Corporation may lawfully be organized under the Florida Corp. Act.

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESTER WHEELER II

Name and Title:

Address 10916 AUSTRALIAN PINE DRIVE

Address:

RIVERVIEW FL 33579

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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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: LESTER WHEELER II

Address: 10916 AUSTRALIAN PINE DRIVE

RIVERVIEW FL 33579

**ARTICLE VII INCORPORATOR**

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

Name: LESTER WHEELER II

Address: 10916 AUSTRALIAN PINE DRIVE

RIVERVIEW FL 33579

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:** N/A

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 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*

\_\_\_\_\_  
Required Signature/Registered Agent

1/12/18  
\_\_\_\_\_  
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

1/12/18  
\_\_\_\_\_  
Date