

P18000/00858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

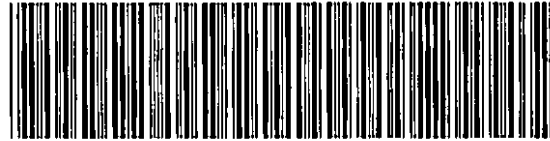
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2018 DEC 11 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Vicki Leis Adjusting, 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: Vicki Leis Adjusting, Inc.

Name (Printed or typed)

5733 Palmer Blvd.

Address

Sarasota, Florida 34232

City, State & Zip

931-302-5888

Daytime Telephone number

VLeis562@gmail.com

VLeis562@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: Vicki Leis Adjusting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5733 Palmer Blvd.

Sarasoto, Florida 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vicki Leis Adjusting, Inc. Director

Name and Title: _____

Address 5733 Palmer Blvd.
Sarasota, Florida 34232

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Vicki Leis _____

Address: 5733 Palmer Blvd. _____

Sarasota, Florida 34232 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vicki Leis _____

Address: 5733 Palmer Blvd. _____

Sarasota, Florida 34232 _____

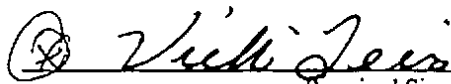
ARTICLE VIII EFFECTIVE DATE:

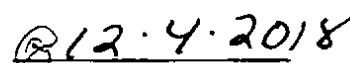
Effective date, if other than the date of filing: _____ (OPTIONAL)

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

 12.4.2018
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

 12.4.2018
Date