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(Requestor's Name)

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(Business Entity Name)

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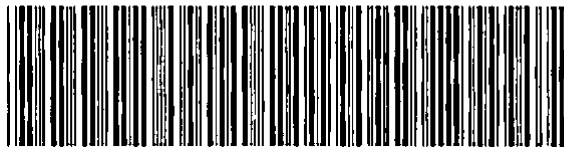
Certificates of Status _____

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FEB 26 2019



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02/19/19--01032--018 **78.75

19 FEB 19 AM 6:07
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FEB 26 2019

COVER LETTER

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

SUBJECT: Vetter 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: Victor Vetter

Name (Printed or typed)

8435 Blaine Rd

Address

Spring Hill FL 34608

City, State & Zip

352-232-1282

Daytime Telephone number

vcvetter@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: Vetter Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8435 Blaine Rd

Spring Hill FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tree Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor Vetter, CEO

Name and Title: _____

Address 8435 Blaine Rd

Address: _____

Spring Hill FL 34608

Name and Title: Victor Vetter, COO

Name and Title: _____

Address 8435 Blaine Rd

Address: _____

Spring Hill FL 34608

Name and Title: Victor Vetter, CFO

Name and Title: _____

Address 8435 Blaine Rd

Address: _____

Spring Hill FL 34608

19 FEB 19 AM 6:07
STATE OF FLORIDA

Name and Title: Victor Vetter, Secretary Name and Title: _____
Address: 8435 Blaine Rd Address: _____
Spring Hill FL 34608 _____

ARTICLE VI REGISTERED AGENT

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

Name: Victor Vetter
Address: 8435 Blaine Rd
Spring Hill FL 34608

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TALLAHASSEE, FL 32306

ARTICLE VII INCORPORATOR

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

Name: Victor Vetter
Address: 8435 Blaine Rd
Spring Hill FL 34608


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/being 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

02-18-2019
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 §817.155, F.S.


Required Signature/Incorporator

02-18-2019
Date