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PICK-UP WAIT MAIL

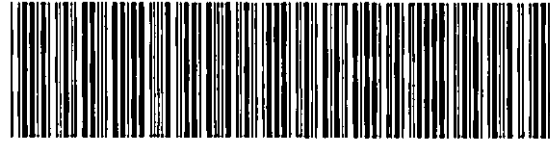
(Business Entity Name)

(Document Number)

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MAR 06 2019

COVER LETTER

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

SUBJECT: VANDOVER COUNSELING, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JULIA H. VANDOVER
Name (Printed or typed)

107 MULRY DRIVE
Address

NICEVILLE FL 32578
City, State & Zip

(912) 247-5000
Daytime Telephone number

juliavan11@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: VANOVER COUNSELING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 107 MULRY DR.
NICEVILLE FL 32578

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide counseling services to improve mental health and well being.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIA VANOVER, CEO Name and Title: _____
Address: 107 MULRY DR. Address: _____
NICEVILLE FL 32578

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: JULIA VANOVER
 Address: 107 MULRY DR
NICEVILLE, FL 32578

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JULIA VANOVER
 Address: 107 MULRY DR.
NICEVILLE FL 32578

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 1, 2019 (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

Julia Vanover

Required Signature/Registered Agent

2/24/2019
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 s.817.155, F.S.

Julia Vanover

Required Signature/Incorporator

2/24/2019
Date