

P190000047892

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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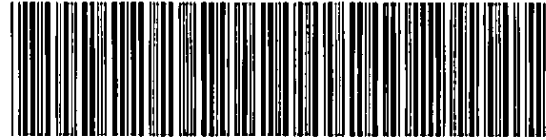
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JUN 13 2019



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05/31/19--01019--007 **78.75

17 MAY 31 AM 10:00
MASS. STATE
FIC 90A

COVER LETTER

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

SUBJECT: VIPER MOBILITY 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: EDWIN F. SITHES
Name (Printed or typed)

1419 DEIRDRE DRIVE
Address

RUSKIN FL 33570
City, State & Zip

813/310-8747
Daytime Telephone number

ESITHES@ME.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: VIPER MOBILITY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1419 DEIRDRE DRIVE
RUSKIN FL 33570

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELL ELECTRIC MOBILITY
PRODUCTS (GOLF CARTS, WHEEL CHAIRS, SCOOTER
ETC)

ARTICLE IV SHARES

The number of shares of stock is: 25,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN SITHES Name and Title: _____

Address 1419 DEIRDRE DR. Address: _____

RUSKIN FL 33570

DIRECTOR

Name and Title: KIMBERLY SITHES Name and Title: _____

Address 1419 DEIRDRE DRIVE Address: _____

RUSKIN FL 33570

DIRECTOR

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

19 MAY 31 AM 10:00
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: EDWIN F SITHES

Address: 1419 DEIRDRE DRIVE
RUSKIN FL 33570

ARTICLE VII INCORPORATOR

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

Name: EDWIN F. SITHES

Address: 1419 DEIRDRE DRIVE
RUSKIN FL 33570

FILED
19 MAY 31 AM 10:00
TALLAHASSEE, FLORIDA

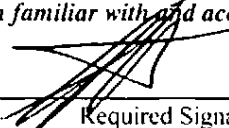
ARTICLE VIII EFFECTIVE DATE:

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

6/1/2019

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.



Required Signature/Incorporator

6/1/2019

Date