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Florida Department of
Business and Professional Regulation
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
VIRTUAL PROMOTIONS, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

19 JUN 19 AM 10:40
SECRET

N. SAMS
JUN 19 2019

2019 JUN 19 PM 10:57

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: **VIRTUAL PROMOTIONS, 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

19 JUN 19 AM 10:40

FROM: **CHRISTOPHER HUBBARD**
Name (Printed or typed)
2694 ROWEHL RD
Address
EAST MEADOW NY 11554
City, State & Zip
516-731-4200
Daytime Telephone number
chris@hubbardteam.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:

VIRTUAL PROMOTIONS, INC.**ARTICLE II PRINCIPAL OFFICE**

**7525 CARMELA WAY
DELRAY BEACH FL 33445**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is:

1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **CHRISTOPHER HUSBARD VICE PRESIDENT**

Address:

**2694 ROWEHL RD
EAST MEADOW NY 11554**

Name and Title: **RICHARD SCHECHTER PRESIDENT**

Address:

**7525 CARMELA WAY
DELRAY BEACH FL 33445**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 JUN 19 AM 10:40

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: RICHARD SCHECHTER
Address: 7525 CARMELA WAY
DELRAY BEACH FL 33448

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CHRISTOPHER HUBBARD
Address: 2694 ROWEHL RD
EAST MEADOW NY 11554

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

X Richard L. Schechter 6/15/19
Required Signature/Registered Agent Date

RICHARD SCHECHTER

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.817.135, F.S.

X Christopher Hubbard 6/15/19
Required Signature/Incorporator Date

CHRISTOPHER HUBBARD

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CONFIDENTIAL