0000088060

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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300337500733

FILED

--- - 2 2019 Conumbiay CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | |
|---|--|--|--|--|
| REFERENCE: 069349 7598105 | | | | |
| AUTHORIZATION: Spelle man | | | | |
| COST LIMIT : \$ 70.00 | | | | |
| ORDER DATE: November 27, 2019 | | | | |
| ORDER TIME : 1:44 PM | | | | |
| ORDER NO. : 069349-005 | | | | |
| CUSTOMER NO: 7598105 | | | | |
| | | | | |
| DOMESTIC FILING | | | | |
| NAME: VIKING UTILITY SERVICES, INC. | | | | |
| | | | | |
| EFFECTIVE DATE: | | | | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| CONTACT PERSON: Amanda Robinson - EXT. | | | | |
| EXAMINER'S INITIALS: | | | | |

COVER LETTER

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

| SUBJECT: VIKING | GUTILITY SERVICES, INC. | | |
|----------------------|--|-------------------------------------|---------------------------|
| 50b3EC1 | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation an | d a check for: |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate o Status |
| | | ADDITIONAL COPY REQUIRED | |
| FROM: | | e (Printed or typed) | |
| | 0 BUTLER PIKE | Address | |
| PL | YMOUTH MEETING, PA 19462 | Address | |
| | City | , State & Zip | |
| 610 | -397-1110 | | |
| | Daytime 1 | Telephone number | |
| BG | URM@DANELLA.COM | | |
| | F-mail address: (to be use | d 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)

| The name of the corpo | viking utility service oration shall be: | ES, INC. | | |
|---------------------------------------|---|--|--------------|--|
| ARTICLE II PRII | NCIPAL OFFICE Principal street address | Mailing address, if different is: 2290 BUTLER PIKE | | |
| MELBOURNE, FL | | PLYMO | UTH MEETING | , PA 19462 |
| | | | · | |
| ARTICLE III PUR The purpose for which | POSE h the corporation is organized is: | CONSTRUCTION | | |
| | | | | |
| | | | | S 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| | | | | NOV 2 |
| ARTICLE IV SHA The number of shares | | | | PHIZ: YO |
| ARTICLE V INIT | TIAL OFFICERS AND/OR DIRECTORS | | | |
| Name and Title: | | Name and Title | DENNIS P. DA | ALY |
| Address | DIRECTOR | Address: | PRESIDENT | |
| | 2290 BUTLER PIKE | | 920 STURGIS | LANE |
| | PLYMOUTH MEETING, PA 19462 | | LOWER GWY | NEDD, PA 19003 |
| Name and Tit | BALDEV S. GURM | Name and Title: MICHAEL J. STRANEY VICE PRESIDENT | | TRANEY |
| Address | SECRATARY | | | ENT |
| | 1325 PHEASANT RUN ROAD | | 3028 REGINA | COURT |
| | MIDDLETOWN, PA 19462 | | MELBOURNE | , FL 32935 |
| Name and Ti | DENNIS P DALY | Name and Title | : | |
| Address | TREASURER | Address: | | |
| | 920 STURGIS LANE | | | |
| | LOWER GWYNEDD, PA 19003 | | | |
| | | | | |

| Name a | nd Title: | Name and Title: | |
|--------------------------------------|---|---|---|
| Addres | | _ Address: | |
| | | | |
| | | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | Corporation Service Company | - une registered agent is. | |
| Address: | 1201 Hays Street | _ | |
| | Tallahassee, FL 32301 | _ | |
| ARTICLE VII | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | |
| Name: | BALDEV GURM | _ | |
| Address: | 1325 PHEASANT RUN ROAD | _ | |
| | MIDDLETOWN, PA 17057 | _ | |
| ARTICLE VIII | EFFECTIVE DATE: | | |
| Effective date, it | f other than the date of filing: | . (OPTIONAL) of be more than five days prio | r or 90 days after the |
| the document's | e inserted in this block does not meet the applicable effective date on the Department of State's records. | | , |
| this certificate, I Corporation S | med as registered agent to accept service of process am familiar with and accept the appointment as reservice Company | s for the above stated corporations gistered agent and agree to act i | on at the place designated in in this capacity. |
| By: | Required Signature/Registered Agent/ | Harry B. Day Asst Vice Pres | VK: Date |
| I submit this do document to the | ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor | true. I am aware that the fats ny as provided for in s.817.155, | Tifformation submitted in a F.S. |
| | Malder hum | | 11/27/2018 |
| Requ | ired Signature/Incorporator | | ₩ate |