

P20000072090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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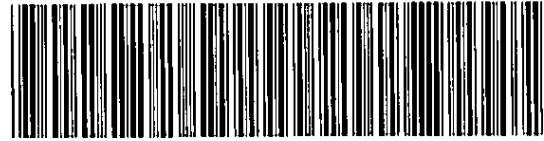
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
20 SEP -4 PM 4:54

SEP 17 2020

D CUSHING

COVER LETTER

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

SUBJECT: Villages 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: Geri Bond/Villages Services
 Name (Printed or typed)
2541 N. Reston Terrace
 Address
Hernando FL 34442
 City, State & Zip
352-746-6770
 Daytime Telephone number
g.bond@villageservices.net
 E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.



VILLAGES SERVICES COOPERATIVE, INC.

2541 N Reston Ter
Hernando, FL 34442

Phone (352) 746-6770
Fax (352) 746-3607

August 3, 2020

Florida Department of State
Division of Corporations
Attention: Diane Cushing
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N Monroe Street – Suite 810
Tallahassee, Florida 32303

To Whom It May Concern:

Villages Services Cooperative, Inc., has no intentions of revoking the dissolution.

Sincerely,

Geralyn Bond, Secretary

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: Villages Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2541 N Reston Terrace
Hernando FL 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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DIVISION OF CORPORATION
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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas E. Peterson, Pres.

Name and Title: Bob Collins, V. Pres.

Address 2541 N. Reston Terrace
Hernando, FL 34442

Address: 2541 N. Reston Terrace
Hernando FL 34442

Name and Title: Geralyn Bond, Sec/Trea.

Name and Title: _____

Address 2541 N Reston Terrace
Hernando FL 34442

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Geralyn Bond
Address: 2541 N Reston Terrace
Hernando FL 34442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Geralyn Bond
Address: 2541 N Reston Terrace
Hernando FL 34442

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

Geralyn Bond
Required Signature/Registered Agent

8/17/2020
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.

Geralyn Bond
Required Signature/Incorporator

8/17/2020
Date