

P21000014896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

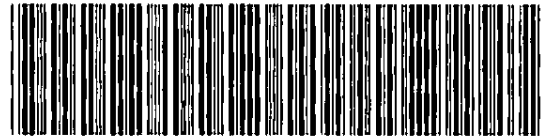
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB 18 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FL

21 FEB 18 PM 12:32

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/17/2021

PRIORITY Routine

OUR REF # (Order ID #) 893309

ORDER ENTITY

SLICK VIXEN, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

SLICK VIXEN, INC. (FL)

Please file the attached and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jmarcuscpa@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Slick Vixen, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different is:

2050 13th Avenue, #1272
Vero Beach, FL 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margot Hunte, President/Director

Address: 2050 13th Ave, #1272
Vero Beach, FL 32960

Name and Title: _____ Name and Title: _____

Address: _____ 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: Joel Marcus, CPA

Address: 676 West Prospect Road
Fort Lauderdale, FL 33309

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

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

Name: Margot Hunte

Address: 2050 13th Ave, #1272
Vero Beach, FL 32960

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/17/2021 (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

02/17/2021
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.

Margot Hunte
Required Signature/Incorporator

02/17/2021
Date