

P21000018327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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## COVER LETTER

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

SUBJECT: Vilm Blossom 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: DHSI INC.  
Name (Printed or typed)

23151 Fashion Drive Suite 213  
Address

Estero, Florida 33928  
City, State & Zip

239-850-1112  
Daytime Telephone number

filings@dhsiinc.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: Vilm Blossom INC.

**ARTICLE II PRINCIPAL OFFICE**

|   |  |
|---|--|
| Principal <del>street</del> address<br><u>23151 Fashion Drive Suite 213</u><br><u>Estero, Florida 33928</u><br>_____<br>_____ | Mailing address, if different is:<br>_____<br>_____<br>_____ |
|---|--|

**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: <u>DHSI INC. President</u> | Name and Title: _____ |
|--|-----------------------|

|  |                |
|--|----------------|
| Address <u>23151 Fashion Drive Suite 213</u> | Address: _____ |
| <u>Estero, Florida 33928</u>                 | _____          |
| _____  | _____          |

|                       |                       |
|-----------------------|-----------------------|
| 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: DHSI INC.  
Address: 23151 Fashion Drive Suite 213  
Estero, Florida 33928

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DHSI INC.  
Address: 23151 Fashion Drive Suite 213  
Estero, Florida 33928

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/23/2021 (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  
2021-02-25  
\_\_\_\_\_  
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  
2021-02-25  
\_\_\_\_\_  
Date