

P220000063323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

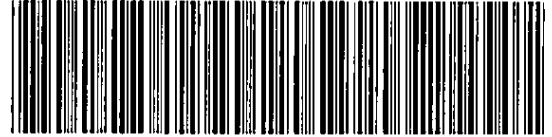
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
AUG 15 2022

08/15/22--01003--018 \*\*420.00

2022 AUG 15 PM 12:08  
2022 AUG 15 PM 11:46  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULY 15 2022

# CORPORATE ACCESS, INC.

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

PICK UP: 8/15 DANNY

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

INC

1. **VANGUARD DIVINATIONS INC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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22 AUG 15 PM 11:44  
U.S. DEPT. OF JUSTICE  
RECORDS & COMM. DIV.

SPECIAL  
INSTRUCTIONS:

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## COVER LETTER

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

SUBJECT:

Vanguard Divinations Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

22 AUG 15 PM 4:48  
DEPT. OF STATE  
DIVISION OF CORPORATIONS

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**

FROM:

Lauren Baruch

Name (Printed or typed)

5499 N. Federal Hwy

Address

Boca Raton, FL 33487

City, State & Zip

718-902-4886

Daytime Telephone number

lauren@priorityhealthcare.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:

Vanguard Divinations Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1499 NW 5th Ave

Apt #6

Boca Raton, FL 33468

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

22 AUG 15 PM 11:48  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Cody Gonzalez Pres

Name and Title:

Address

1499 NW 5th Ave

Address:

Apt #6

Boca Raton, FL

33468

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: Cody Gonzalez

Address: 1499 N.W. 5th Ave #6  
Boca Raton FL 33468

22 AUG 15 PM 11:48  
STATE  
DEPARTMENT OF  
CORPORATION

**ARTICLE VII INCORPORATOR**

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

Name: Cody Gonzalez

Address: 1499 NW 5th Ave #6  
Boca Raton, FL 33468

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/12/2022 (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*

Cody Ace Gonzalez

Required Signature/Registered Agent

8/12/2022

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.*

Cody Ace Gonzalez

Required Signature/Incorporator

8/12/2022

Date