

P240000 #27222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

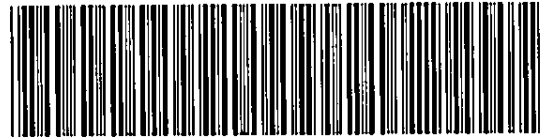
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



600427622806

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2024 APR 19 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: VTs America 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  
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: Brandon Ards  
Name (Printed or typed)

3108 Hammersmith rd  
Address

Orlando, FL 32818  
City, State & Zip

407-223-3511  
Daytime Telephone number

VTsAmericaInc@gmail.com  
E-mail address: (to be used for future annual report notification)

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STATE DEPT OF STATE  
TALLAHASSEE, FL

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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: VT5 America Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3108 Hammie'smith Rd  
Orlando, FL 32818

Mailing address, if different is:

**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: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Brandon Ards "P" Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

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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: Brandon Ards

Address: 3108 Hammersmith rd  
Orlando fl 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brandon Ards

Address: 3108 Hammersmith  
Orlando fl 32811

**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*

Brandon Ards

Required Signature/Registered Agent

*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.*

Brandon Ards

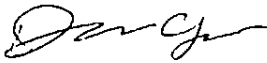
Required Signature/Incorporator

04/19/24  
Date  
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TALAMON  
STATE  
FL

# Name Release Affidavit

I, Jaylon Greer, own VTS America with the assigned document number  
024000625612. I will not revoke the dissolution and would like to release the name  
for use.

Thank you,

  
Jaylon Greer

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CLERK OF STATE  
TALLAHASSEE, FL