

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

SUBJECT: Viking Acquisition Group Providence, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<u>X</u>\$70.00

\$78.75

Filing Fee

Filing Fee &

Certificate of Status

ADDITIONAL COPY REQUIRED

\$78.75

\$87.50

Filing Fee &

Filing Fee, Certified

Certified Copy Copy & Certificate

of Status

FROM:

Louanne S. Love

NAME

28050 U.S. Hwy 19 N., Suite 205

ADDRESS

Clearwater, Florida 33761

CITY, STATE & ZIP

(727) 723-2872

DAYTIME TELEPHONE NUMBER

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

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be: Viking Acquisition Group Providence, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761

<u>ARTICLE III: SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Louanne S. Love, 28050 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761

ARTICLE V: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Louanne S. Love, 28059 U.S. Hwy 19 N., Suite 205, Clearwater, Florida 33761

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Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stappes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

JK/LOUANNE/VIKING