

P99000094406

TRANSMITTAL LETTER

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

300003023873--4
-10/25/99--01099--001
*****78.75 *****78.75

SUBJECT: THE VOLARE AGENCY, CO.
(Proposed corporate name - must include suffix)

Enclosed is 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: VANINA OREZZOLI
Name (Printed or typed)

11990 Beach Boulevard, number 168
Address

Jacksonville, FL 32246
City, State & Zip

(904) 564-9142
Daytime Telephone number

FILED
99 OCT 25 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

10-26
11/2

FILED
99 OCT 25 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE VOLARE AGENCY, CO.

ARTICLE II. PRINCIPAL OFFICE

11990 Beach Boulevard, number 168
Jacksonville, FL 32246

ARTICLE III SHARES

35 ~~12/20/2020~~

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

11990 Beach Boulevard, number 168
Jacksonville, FL 32246

ARTICLE V INCORPORATOR

Vahira OREZZOLI
11910 Beach Boulevard, number 168
Jacksonville, FL 32246

Vani Qazil
Signature/Incor

Signature/Incorporator

10-21-99

Date _____

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 statutes 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

Vamir Chappel
Signature/Registered

Signature/Registered Agent

10-21-99

Date _____