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COVER LETTER

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

SUBJECT: Viking fire Protection Group 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**

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FROM: Raymond John White II  
Name (Printed or typed)

1317 Edgewater DR # 2720  
Address

Orlando, FL 32804  
City, State & Zip

863-232-9873  
Daytime Telephone number

RaymondJohnWhite2@gmail.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: Viking Fire Protection Group INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1317 Edgewater DR #2720  
Orlando, FL 32804

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fire Protection, Monitoring,  
Installation and security

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CALIFORNIA STATE

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: Raymond John White II Name and Title: \_\_\_\_\_  
Address: 217 Robin Rd Address: \_\_\_\_\_  
Davenport, FL 33896  
CEO

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: Raymond John White II  
Address: 217 Robin Rd  
Davenport, FL 33896

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Raymond John White II  
Address: 217 Robin Rd  
Davenport, FL 33896

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TAMPA, FLORIDA  
STATE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-10-25 (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*

Raymond White II Required Signature/Registered Agent 1-16-25 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.*

Raymond White II Required Signature/Incorporator 1-16-25 Date