

N16000005275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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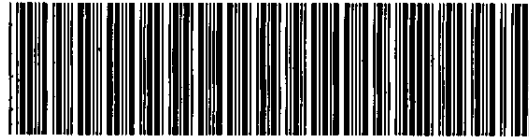
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Victoria International Church, AG, Inc.

(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

ADDITIONAL COPY REQUIRED

FROM: Eunice F. Ramos

Name (Printed or typed)

17715 Tropical Cove Dr.

Address

Tampa, FL 33647

City, State & Zip

(813) 833-2812

Daytime Telephone number

eunice.ramos13@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Victoria International Church, AG, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17715 Tropical Cove Dr.

Tampa, FL 33647

Mailing address, if different is:
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a church

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by nomination

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eunice F. Ramos, Pres. Name and Title: Daniel Ramos, Vice Pres.

Address: 17715 Tropical Cove Dr. Address: 8910 BriarHollow Ct.
Tampa, FL 33647 Tampa, FL 33634

Name and Title: Joanna Acevedo, Treasurer/Sec Name and Title: Antonio Ramos, Officer

Address: 10209 Explorer Ct. Address: 17715 Tropical Cove Dr.
Tampa, FL 33615 Tampa, FL 33647

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: Eunice F. Ramos
Address: 17715 Tropical Cove Dr.
Tampa, FL 33647

ARTICLE VII INCORPORATOR

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

Name: Eunice F. Ramos
Address: 17715 Tropical Cove Dr.
Tampa, FL 33647

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 business days prior or 90 business 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

Eunice F. Ramos Eunice F. Ramos
Required Signature of Registered Agent

05/16/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Eunice F. Ramos Eunice F. Ramos
Required Signature of Incorporator

05/16/16
Date

FILED
DEPT. OF STATE
MAY 18 PM 12:38