

P03000107651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

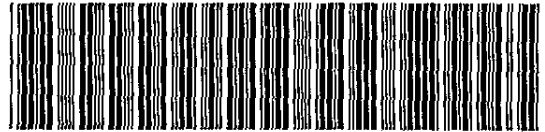
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W03-21688

Office Use Only



300021493723

07/25/03--01078--005 **78.75

FILED

2003 SEP 30 AM 10:13

SEALING STATE
TALLAHASSEE FLORIDA

10-01-03
3

TRANSMITTAL LETTER

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

SUBJECT: VECTOR II, 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: IRMA SILVESTRE MILLAN
Name (Printed or typed)

15203 SW 147 CT
Address

MIAMI FL 33187
City, State & Zip

305 256-0548
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 31, 2003

IRMA SILVESTRE MILLAN
15203 SW 147 CT
MIAMI, FL 33187

SUBJECT: VECTOR II, INC.
Ref. Number: W03000021688

We have received your document for VECTOR II, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 003A00044297

**ARTICLES OF INCORPORATION
OF
VECTOR APPRAISAL II, INC.**

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

Article I

The name of the corporation is: **VECTOR APPRAISAL II, INC.**, and its address is 15203 SW 147 CT., MIAMI, FL., 33187.

Article II

The duration of the corporation shall be perpetual.

Article III

The general purposes for which the corporation is organized are:

- 1) To transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act.
- 2) To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

Article IV

The aggregate number of shares which the corporation is authorized to issue is 500. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

Article V

Registered Office & Agent

Initial registered office of the corporation is 15203 SW 147 CT., MIAMI, FL, 33187 and the name of the registered agent at such address is IRMA SILVESTRE MILLAN.

Article VI

The number of directors constituting the Board of Directors of the corporation shall be determined in accordance with the By-Laws, but shall not be less than one. The number of directors constituting the initial Board of Directors is Two (2). The name and address of the persons who are to serve as the members of the initial Board of Directors are:

Irma Silvestre Millan, President
15203 SW 147 Ct.
Miami, FL 33187

Ivette Ramos, Secretary & Treasurer
15203 SW 147 Ct.
Miami, FL 33187

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 30 AM 10:13

FILED

Article VII
Incorporator

The name and address of the Incorporator is:

IRMA SILVESTRE MILLAN
15203 SW 147 Ct.
Miami, FL 33187

Article VIII
Indemnification

The corporation shall indemnify each director, officer and shareholder of the corporation against any and all liability and expenses incurred by him in connection with or arising out of any action, suit, or proceeding in which he may be involved, by reason of his being or having been an officer, director, or shareholder of the corporation to the full extent permitted by the laws of the State of Florida.

Executed by the undersigned on the 27 day of SEPTEMBER, 2003.


IRMA SILVESTRE MILLAN
Incorporator

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT DUTIES-
VECTOR APPRAISAL II, INC.

I, IRMA SILVESTRE MILLAN, am familiar with and accept the duties and responsibilities of Registered Agent for VECTOR APPRAISAL II, INC.

Irma Silvestre Millan

IRMA SILVESTRE MILLAN

Registered Agent for VECTOR APPRAISAL II, INC.