

P03000143238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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A.H.  
17-3-1

## TRANSMITTAL LETTER

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

SUBJECT: VICTOR ARTS 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: NURUDDIN J. PRESSWALA

Name (Printed or typed)

4344 COUNTRY CLUB BLVD.

Address

CAPE CORAL, FL 33904-5241

City, State & Zip

(216) 228-3000

Daytime Telephone number

**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:  
VICTOR ARTS INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
4344 COUNTRY CLUB BLVD,  
CAPE CORAL, FL 33904

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
CONDUCT FOR PROFIT BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:  
500 COMMON SHARES NO PAR VALUE  
(FIVE HUNDRED)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
NURUDDIN J PRESSWALA ,PRESIDENT, TREASURER

### ARTICLE VI REGISTERED AGENT

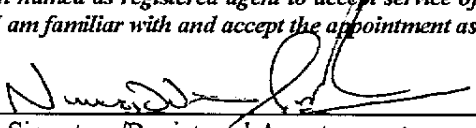
The name and Florida street address of the registered agent is:  
NURUDDIN J. PRESSWALA  
4344 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33904

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
NURUDDIN J PRESSWALA  
4344 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33904

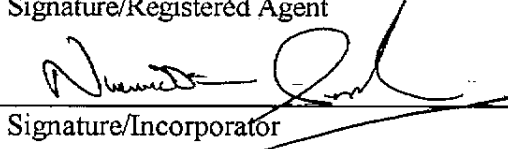
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

11/20/2003

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/20/2003

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA