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SECRETARY OF STATE DIVISION OF CORFORATIONS



TRANSMITTAL LETTER

original

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

SUBJECT:	Vicken	S	ERVICES S	FNC
	(PROPOSI	ED CORPORA	ATE NAME – <u>MUST INCU</u>	<u>UDE SUFFIX</u>)
Enclosed are an ori	ginal and one (1) c	opy of the ar	ticles of incorporation and	a check for:
\$70.00	\$78.75		▲ \$78.75	\$87.50
Filing Fee	Filing Fee		Filing Fee	Filing Fee,
	& Certificate of	of Status	& Certified Copy	Certified Copy
				& Certificate of
			ADDITIONAL CO	Status PV REQUIRED
			ADDITIONAL CO	
FROM:	VICKEN	7000	ક ં	
		Nam	e (Printed or typed)	
	8957	NW	STH PLACE	<u> </u>
			Address	
	PLANTA	Moir	FL 3335	24
		City	y, State & Zip	
	154	873	1240	<u> </u>

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: VICKEN SERVICES INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8957 NW STH PLACE PLANTATION FL 33324
The purpose for which the corporation is organized is: ABOC Services Continue C
ARTICLE IV SHARES The number of shares of stock is: FIVE HUNDRED OF ONE 500000000000000000000000000000000000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): VICKEN JOURI 100 SHARES OWNER - PRESIDENT PLANT ATION FL 33324
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: VICKEN JOUB! -PRESIDENT- 8157 NW 9TH PLACE PLANTATION FL 33324. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: VICKEN SERVICES INC. VICKEN JOUB! (PRESIDENT)
8957 NW 97H PLACE PLANTATION FL 33324 *********************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 1
Signature/Incorporator Date