

P04000163773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 15 AM 8 48

FILED

C.S. 12/7

TRANSMITTAL LETTER

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

SUBJECT: VIKTORIA CLOSET 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: VOLF KOG AN
Name (Printed or typed)

4279 N.W 89 AVE
Address

APT# 205 CORAL SPRING
City, State & Zip

FL- 33065 954-234-0284
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 19, 2004

VOLF KOGAN
4279 NW 89 AVE., APT. 205
CORAL SPRINGS, FL 33065

SUBJECT: VIKTORIA CLOSET INC
Ref. Number: W04000042572

We have received your document for VIKTORIA CLOSET INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6052.

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Letter Number: 704A00065924

45-21-10-3-02-90

02/18/05

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:

VIKTORIA CLOSET INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4279 N.W 89 AVE APT # 205 CORAL SPRING
FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLOSET DESIGN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

VOLF KOGAN - OFFICER
4279 N.W 89 AVE
APT # 205 CORAL SPRING FL 33065

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VOLF KOGAN 4279 NW 89 AV #205 Coral Springs FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VOLF KOGAN 4279 NW 89 AV #205
Coral Springs FL 33065

FILED

04 NOV 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date

Signature/Incorporator

Date