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TALLAHASSEE, FLORIDA
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2/22/05
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TRANSMITTAL LETTER

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

SUBJECT: VICTORIA'S SERVICES 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: CECHANKOVA VLADIMIRA
Name (Printed or typed)

4711 S HIMES AVE APT 1209
Address

TAMPA FL 33611
City, State & Zip

813 728 0164
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

VICTORIA'S SERVICES Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4711 S HIMES AVE APT 1209
TAMPA FL 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSSINES PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CECHANKOVA VLADIMIRA

- PRESIDENT
- SECRETARY
- TREASURER
- DIRECTOR

ARTICLE VI REGISTERED AGENT

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

CECHANKOVA VLADIMIRA

4711 S HIMES AVE APT 1209
TAMPA FL 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CECHANKOVA VLADIMIRA

4711 S HIMES AVE APT 1209
TAMPA FL 33611

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

Cechanova

Signature/Registered Agent

Cechanova

2.7.2005

Date

2.7.2005