

P05000189556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

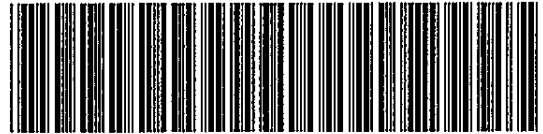
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FALLS CHURCH, VA

12/7/05

**COVER LETTER**

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

SUBJECT: VICAM TRANSFER & FOOD, 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: VICAM TRANSFER & FOOD, INC  
Name (Printed or typed)

307 n.w 5TH AVE  
Address

DELRAY BEACH FL 33444  
City, State & Zip

(561) 272-3342  
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:

VICAM TRANSFER & FOOD, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

307 N.W 5TH AVE  
DELRAY BEACH, FL 33444

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED TO SERVE THE HAITIAN COMMUNITY  
AS AN AGENT TO SEND MONEY AND FOOD TO HAITI

### ARTICLE IV SHARES

The number of shares of stock is:

NONE

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRITZNER CHERISTIN-	PRESIDENT	307 N.W 5TH AVE DELRAY BEACH, FL33444
FRITZLINE CHERISTIN-	V.PRESIDENT	
LOUNDARIE CHERISTIN-	SECRETARY	
GERMANIE CHERISTIN -	ASST SECRETARY	
VINER CHERISTIN-	ADMINISTRATOR	
MARIE V. CHERISTIN -	TRESORER	

### ARTICLE VI REGISTERED AGENT

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

PHITO THELOT  
628 S.W 4TH AVE  
DELRAY BEACH, FL 33444

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HAFI,INC N02000009337  
388 C S.E 2ND AVE  
DELRAY BEACH, FL 33483

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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

09 - 29 -2005

Date

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

09 - 29 - 2005

Date

FILED  
05 DEC -5 AM 8:38  
HALL COUNTY, FLORIDA