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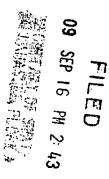
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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT:	VICTOR ALARCON, INC.		
	(PROPOSEĎ CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	Status
		ADDITIONAL COPY REQUIRED	
FROM:	VICTOR ALARCON Name (Printed or typed)		
	4075 SUCCESS STREET		
		Address	
	WEST PALM BEACH, FL 33406		
	City, State & Zip		
	561-308-5462		
	Daytime Telephone number		
	Lilly971@aol.com		
	E-mail address: (to be used for future annual report notification)		
	•		

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 ALARCON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4075 Success Street

West Palm Beach, FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VICTOR ALARCON, President, V.P., Sect., Treasurer

ARTICLE VI REGISTERED AGENT

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

LILLIAN SORIERO

823 CEDAR COVE ROAD

WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VICTOR ALARCON

4075 SUCCESS STREET

WEST PALM BEACH, FL 33406

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

kignature/Registered Agent

Signature/Incorporator

August 31, 2009

Date

August 31, 2009

Date

