

P1200047253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

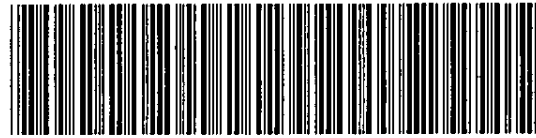
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/12--01052--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 AM 11:54

Ps of 22/12

COVER LETTER

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

SUBJECT: Victory care 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: Victoria Okunbo

Name (Printed or typed)

5660 nw 187th Street

Address

Miami, FL. 33055

City, State & Zip

(305)333-4551

Daytime Telephone number

victoriaokunbo56@comcast.net

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)

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Victory care services inc.

12 MAY 21 AM 11:55

ARTICLE II PRINCIPAL OFFICE

Principal street address
5660 nw 187th Street
Miami, FL 33055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide health care services to the needy.

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares @\$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Okunbo - President
Address: 5660 nw 187th Street
Miami, FL 33055

Name and Title: Mathew Okunbo - Secretary
Address: 5660 nw 187th Street
Miami, FL 33055

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

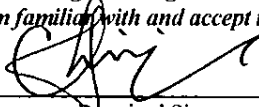
Name: Charles Inije
Address: 3600 S. State Rd 7 Suite 2
Miramar, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victoria Okunbo
Address: 5660 NW 187th Street
Miami, FL 33055

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



Required Signature/Registered Agent

05/16/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

05/16/2012

Date