

P12000081658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

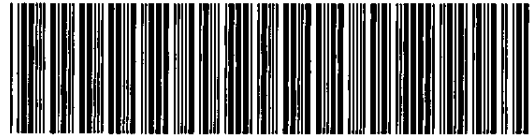
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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8

## COVER LETTER

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

SUBJECT: VIKA PAINTING 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: ERICKSON X. CRUZ

Name (Printed or typed)

1917 S.E. BERKSHIRE BLVD.

Address

PORT ST. LUCIE, FL. 34952

City, State & Zip

772-323-0581

Daytime Telephone number

\_\_\_\_\_  
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: **VIKA PAINTING INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**1917 S.E.BERKSHIRE BLVD.**  
**PT.ST.LUCIE, FL. 34952**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**FOR PROFIT**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **ERICSON X. CRUZ PRES.**  
Address: **1917 S.E.BERKSHIRE BL**  
**PORT ST. LUCIE, FL. 34952**

Name and Title: **REJIANE D. BRITO SECY**  
Address: **1917 S.E.BERKSHIRE BL**  
**PORT ST. LUCIE, FL. 34952**

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: **ERICKSON X CRUZ**  
Address: **1917 S.E. BERKSHIRE BL**  
**PORT ST. LUCIE, FL. 34952**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: **ERICKSON X CRUZ**  
Address: **1917 S.E. BERKSHIRE BL**  
**PORT ST. LUCIE, FL. 34952**

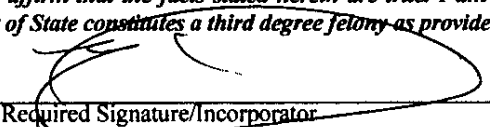
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

**09-20-12**

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

**09-20-12**

Date

12-07-20 PM 4:28  
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CLERK OF THE COURT  
JANUARY 10 2013