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(Requestor's Name)				
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(Cit	y/State/Zip/Phone	∍ #)		
PICK-UP	☐ WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
ALL ARASSES, FLORID.

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March 1, 2013

VIORICA WELLMAN 2868 RIVER PINES WAY SARASOTA, FL 34231

SUBJECT: VIORICA ENTERPRISES INC.

Ref. Number: W13000012454

We have received your document for VIORICA ENTERPRISES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 713A00004986

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

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

SUBJECT:	VIOLICA	EWERPRESES INC.		
		DRATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal 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 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate or Status ADDITIONAL COPY REQUIRED		
FROM:	VIORTCA N	ame (Printed or typed)		
	2868 FEV	EK BUES WAY Address		
SNASOTA FL 3423/ City, State & Zip				
	941 Daytin	- 321 - 0717 ne Telephone number		
	E-mail address: (to be	G YAHOO. COM 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)

The name of the corporat	ion shall be:	VIOLICA	enter?	rses xuc	<u>. </u>	
ARTICLE II PRI	VCIPAL OFFICE Principal street add	iress	, I	Mailing address, if d	Essis: 云	
286	8 Rayor	PENES WAY	<u></u>		A SA	7
	SOTA FL			- SAME -	- 1	4 5
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			, <u></u>	F 32	F
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ARTICLE III PURI The purpose for which the	POSE he corporation is or	ganized is:	SEMMELE	INDUSTR.	海馬 5	
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	***************************************			*		
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Address		HVER BUES	Address:			
	SONASOTA 7	FL 34231				
N and Title			Name and Title:			
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Address			Address:			
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· Name and Title:	Name and Title:
Address	Address:
	2
	# 3 III
ARTICLE VI REGISTERED AGENT	E SEA O
The name and Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name: UTORICA WOUMAN	_
Address: 2868 RIVER POUR U	UAY
SARASOM FL 3423	<u>5</u> (
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: VIONICA WELLIAN	_
Name: VIORICA WELLMAN Address: 2868 RIVER BUE SANSONA FL 3	3 WAY
Spusona Fl 3	34231
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	is for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
W	02/26/2013 Date
Required Signature/Incorporator	Date