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| (Requestor's Name) | | |
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| · (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
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| . (BL | isiness Enuty Nam | le) |
| | | |
| (Do | ocument Number) | • |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | · · |
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Office Use Only

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S ULI 23 PN 2:2 ECRETARY OF STATE LLAHASSEE, FLORIDA

MRD 10/24/13

COVER LETTER

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

| SUBJECT: $\sqrt{1}$ | C Diverseser | vices | | | |
|---|-------------------------|--------------------------|------------------|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | |
| | | | 1 l l c | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | |
| □ \$70.00 | \$78.75 | \$78.75 | \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| - | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | | & Certificate of | | |
| | | 1 | Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |

FROM: VIC Diverse Services
Name (Printed or typed)

3113 Cortez Rd Lot 52

Address

Bradenton, FC 34207
City, State & Zip

941-580-0828 — 941-567-9486

Diverse GBI @ Gmail-Com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2013

VIC DIVERSE SERVICES 3113 CORTEZ RD LOT 52 BRADENTON, FL 34207

SUBJECT: VIC DIVERSE SERVICES

Ref. Number: W13000055051

HECEIVED

13 OCT 23 PH 4: 24

SECRETARY OF STATE
SECRETARY SEEF, FLORIDA

We have received your document for VIC DIVERSE SERVICES 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 413A00023270

www.sunbiz.org

DO DOV 0007 M.H.L. 71. 1. 0001

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the | corporation shall be: VIC. | Diverseservices | Inc. |
|-------------------|---|----------------------------|----------------------|
| ARTICLE II | PRINCIPAL OFFICE Principal street address | Mailing addres | ss, if different is: |
| | ortez Rd Lot 52 | | |
| Brade | inton, FL 34267 | | • |
| | | | |
| The purpose for v | which the corporation is organized is: | he Cosperation | s the best |
| Way to | oraise capital | and protect. | the share- |
| holder | 3, it is also | more durab | le and |
| protec | cts the invest | ments. | |
| | | | |
| | | | ECRE B |
| | | | LE 23 |
| ARTICLE IV | sHARES ares of stock is: 5 | | P. F. |
| The number of si | ares of stock is. | | 1 2: |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRE | | 20 DA |
| Name ar | nd Title: Venante Lafleu | | |
| Address | 3800 Lake Bays | hore Address: 4442 | 85th AVE Cir E |
| | Dr. Apt 505 | Parist | 1, FL 34219 |
| | Bradenton, FL 342 | 03 (Director) Secre | etary. |
| Name and | Title: Islene Charles | S Name and Title: Ni Kil | a Attine |
| Address | 4168 101 ST AVE | E Address: 3 B 00 4 | Lake Bay shore |
| | Parish, FL 347 | _ | 505 |
| | Assistant Directo | r Treas | surer |
| Name and | ITille: Pierre Maxo Sair | Name and Title: | |
| Address | 8116 17th AVE | | |
| | Bradenton, FL 34 | | |
| | Treasurer | | |

| • | | FILED |
|---|--|--|
| Name and Title: | Name and Title: | 13 OCT 23 PM 2: 20 |
| Address | Address: | |
| | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | TO THE MENT OF THE PARTY OF THE |
| # APP | | |
| | | |
| ARTICLE VI REGISTERED AGENT | | |
| The name and Florida street address (P.O. Box NOT acceptable) | | |
| Name: Venante Latheur | | |
| Address: 3800 Lake Bay shore Ir | | |
| Bradenton, FL 34202 | <u>.</u> | |
| · · · | | |
| ARTICLE VII INCORPORATOR | | |
| The name and address of the Incorporator is: | | |
| Name: Pierre M. Sairi/ | | |
| Address: 8116 17th AVE E | | |
| Bradenton, FL 34209 | <u>-</u> | |
| Having been named as registered agent to accept service of proce | ss for the above stated co | progration at the place designated in |
| this certificate, I am familiar with and accept the appointment as re | | |
| Judger of Chy | | 20174/2017 |
| Required Signature/Registered Agent | | <u>Dy / 47 / 40/3</u> Date |
| I submit this document and affirm that the facts stated herein are | a turca. I ame muma thur t | he false information substituted in - |
| document to the Department of State constitutes a third degree felo | e irue. I um aware inat i ony as provided for in s.81 | ne juse injormunon suominen in a 7.155, F.S. |
| | | ng/201/2110 |
| Required Signature/Incorporator | | 09/24/2013 |

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