

02/18/2033

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**Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
VICTOR PINEIRO & BROTHERS INC.**

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|-----------------------|---------|
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02/18/2033 06:01

#1637 P.002/003

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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 PINEIRO & BROTHERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11640 North Bay Shore Dr Apt 10

North Miami, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAW OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR PINEIRO - PRES

Address: 11640 North Bay Shore Dr Apt 10
North Miami, FL 33181

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: VICTOR PINEIRO
Address: 11640 North Bay Shore Dr Apt 10
North Miami, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR PINEIRO
Address: 11640 North Bay Shore Dr Apt 10
North Miami, FL 33181

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

4-8-2015
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

4-8-2015
Date

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