

P/SUWU 33629

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: Victi Veins, P.A.  
(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
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Victoria Zimmer  
Name (Printed or typed)  
10220 153<sup>rd</sup> Ct. N.  
Address  
Jupiter, FL 33478  
City, State & Zip  
(561) 685-8796  
Daytime Telephone number  
vzimmer@bellsouth.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)

ARTICLE I NAME

The name of the corporation shall be: Vicki Veins, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1080 E. Indiantown Rd.

Suite 106-B

Jupiter, FL 33477

Mailing address, if different from

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical esthetic services to individuals seeking treatment in sclerotherapy, Botox, and dermal fillers.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Zimmer - President

Address: 10220 153rd Ct N

Jupiter, FL 33478

Name and Title: Andrew Zimmer - Vice-president

Address: 10220 153rd Ct N

Jupiter, FL 33478

Name and Title:

Address:

Name and Title:

Address:

(conti.)

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: \_\_\_\_\_

Victoria Zimmer

Address: \_\_\_\_\_

10220 153<sup>rd</sup> Ct. N.

Jupiter, FL 33478

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Victoria Zimmer

Address: \_\_\_\_\_

10220 153<sup>rd</sup> Ct. N.

Jupiter, FL 33478

*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*

Victoria Zimmer

Required Signature/Registered Agent

4-6-2015

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.*

Victoria Zimmer

Required Signature/Incorporator

4-6-2015

Date