

P/602206 6 11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

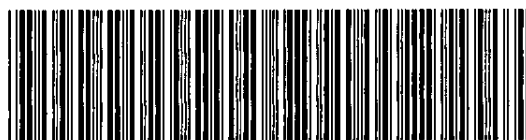
(Document Number)

Certified Copies

Certificates of Status

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RECEIVED
DEPARTMENT OF REVENUE
JAN 5 2016
16 JAN -5 PM 2:54
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVAL
AND
FILED
16 JAN -5 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Victory Vines Incorporated

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kokahyi Sa-Ra

Name (Printed or typed)

1824 Wales Dr

Address

Tallahassee, FL 32303

City, State & Zip

850-321-0557

Daytime Telephone number

Kokahyi@gmail.com

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)

APPROVED
JAN 16 2010

ARTICLE I NAME

The name of the corporation shall be: Victory Vines Incorporated

16 JAN -5 PM 2:58

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY
TALLAHASSEE
OFFICE

1824 Wales Dr

Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any lawful business within the State of Florida or wherever the business may deem necessary

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kokahyi Sa-Ra, Chief Executive Officer

Name and Title: _____

Address 1824 Wales Dr

Address: _____

Tallahassee, FL 32303

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Ben Harris _____

Address: 654 Dub Rd _____

Tallahassee, FL 32305 _____

ARTICLE VII INCORPORATOR

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

Name: Kokahyi Sa-Ra _____

Address: 1824 Wales Dr. _____

Tallahassee, FL 32303 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

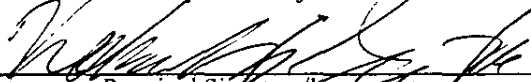


Required Signature/Registered Agent

11/05/16

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

11/5/16

Date