

P/6000047854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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K 05/02/16

## COVER LETTER

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

**SUBJECT:** V By Victoria Designs, Inc.

(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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Victoria Seda  
\_\_\_\_\_  
Name (Printed or typed)

3944 Gatewood Drive  
\_\_\_\_\_  
Address

Sarasota, FL 34232  
\_\_\_\_\_  
City, State & Zip

941-685-2882  
\_\_\_\_\_  
Daytime Telephone number

vbyvictoriadesigns@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)

**ARTICLE I NAME**

The name of the corporation shall be: V By Victoria Designs, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>3944 Gatewood Drive</u> <u>Sarasota, FL 34232</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail sales of custom crafted/made to order handbags, accessories,  
jewelry, clothing and home decor.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Victoria Seda, President</u> Address: <u>3944 Gatewood Drive</u> <u>Sarasota, FL 34232</u>	Name and Title: _____ Address: _____ _____
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Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
--	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
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RECORDED  
JAN 25 PM 2:21  
CLERK

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: Victoria Seda  
Address: 3944 Gatewood Drive  
Sarasota, FL 34232

16 MAY 05 PM 2:21  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: Victoria Seda  
Address: 3944 Gatewood Drive  
Sarasota, FL 34232

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/20/2016 (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*

*Victoria Seda*

Required Signature/Registered Agent

5/23/2016

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 Seda*

Required Signature/Incorporator

5/23/2016

Date