

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
VICOR HOMES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 JULY 22 PM 6:48

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

DEPARTMENT OF STATE
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17 MAY 22 AM 8:46

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AND
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Electronic Filing Menu

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MAY 23 2017

T. SCOTT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:VICOR HOMES INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5941 NW 173RD DRIVE #B4
MIAMI LAKES, FL 33015**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GUSTAVO ADOLFO BURKLE (P)

17 MAY 22 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GUSTAVO ADOLFO BURKLE
5941 NW 173RD DRIVE #B4
MIAMI LAKES, FL 33015**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GUSTAVO ADOLFO BURKLE
5941 NW 173RD DRIVE #B4
MIAMI LAKES, FL 33015

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Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date

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