

P17 000068285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

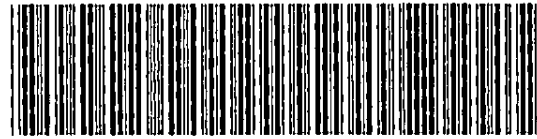
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

AUG 15 2017



900302281019

08/14/17--01040--007 **78.75

RECEIVED
17 AUG 14 PM 3:47
CLERK OF COURT
HALL COUNTY, FLORIDA

COVER LETTER

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

SUBJECT: VICTORY CARE SERVICES 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 OKUNBO
Name (Printed or typed)

5660 NW 187 STREET
Address

MIAMI, FL 33055
City, State & Zip

305-333-4551
Daytime Telephone number

cinije@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

17 AUG 14 PM 3:47

ARTICLE I NAME

The name of the corporation shall be: VICTORY CARE SERVICES INC

CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5660 NW 187 STREET

MIAMI, FL. 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SET UP A NURSING AGENCY TO CARE FOR THE NEEDY.

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES @\$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTORIA OKUNBO - President Name and Title:

Address 5660 NW 187 STREET Address:

MIAMI, FL. 33055

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED

Name and Title: _____ Name and Title: 17 AUG 14 PM 3:47
Address: _____ Address: 500 N. Y. STREET

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Charles Inije
Address: 1175 NE 125th Street suite 306
Miami, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victoria Okunbo
Address: 5660 NW 187th Street
Miami, FL 33055

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 days prior or 90 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
8/08/2017
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
8/08/2017
Date