

P18000032573

(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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1.2.01 2018



300312614953

FILED
18 APR 30 AM 8:56
SECURITY
FALL APPEAL

18 APR 30 PM 3:55

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com

incserv

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 4/30/2018

PRIORITY Routine

OUR REF # (Order ID#) 656561

ORDER ENTITY

VIKING 55 CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

VIKING 55 CORP. (FL)

New LLC filing

Please provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED
18 APR 30 AM 8:56
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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: Viking 55 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1041 SE 17th Street, Suite 300

Fort Lauderdale, FL 33316

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Wittich, President

Address 1041 SE 17th Street, Suite 300

Fort Lauderdale, FL 33316

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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18 APR 30 AM 8:55
SECRETARY
TALLAHASSEE

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: Peter Wittich

Address: 1041 SE 17 Street, Suite 300

Fort Lauderdale, FL 33316

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18 APR 30 AM 8:57
STATE OF FLORIDA
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia M Rice

Address: 99 Washington Avenue, Suite 805A

Albany, NY 12210

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

Peter Wittich

By: 151 Peter Wittich

Required Signature/Registered Agent

4/30/18
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.

Patricia M. Rice
Required Signature/Incorporator

4/30/18
Date