

P18000065152

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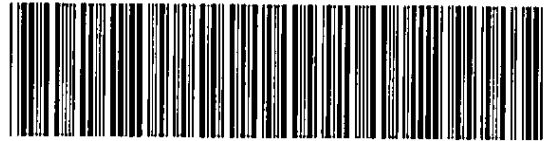
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W1800065152

JUL 27 2018

T. SCOTT



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FILED
2018 JUL 25 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

VICTOR LUNA
2929 W OAKRIDGE RD APT A5
ORLANDO, FL 32809

SUBJECT: VICKISON TILE INC
Ref. Number: W18000057837

VICKISON tile Inc,

Please Edit

We have received your document for ~~VICKISON~~ TILE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 018A00012943

RECEIVED
2018 JUL 25 PM 2:52
CORPORATION SERVICES

COVER LETTER

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

SUBJECT: VICKIJSN TILE 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: VICTOR MANUEL OYARZABAL LUNA

Name (Printed or typed)

2929 W. OAKRIDGE RD APT A5

Address

ORLANDO, FLORIDA 32809

City, State & Zip

4076005341

Daytime Telephone number

OYARZBALVICTOR@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: VICKJSON TILE INC.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

VICTOR MANUEL OYARZABAL

2929 W. OAKRIDGE RD APT A5

ORLANDO FL 32809

Mailing address, if different is:

VICTOR MANUEL OYARZABAL

2929 W. OAKRIDGE RD APT A5

ORLANDO FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERAMIC TILE FOR BATHROOM, AND FLOOR

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR MANUEL OYARZABAL

Name and Title:

Address: MANAGER

Address:

2929 W. OAKRIDGE RD APT A5

ORLANDO, FL 32809

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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2018 JUL 25 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: VICTOR MANUEL OYARZABAL
Address: 2929 W. OAKRIDGE RD APT A5
ORLANDO, FL 32809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR MANUEL OYARZABAL
Address: 2929 W. OAKRIDGE RD APT A5
ORLANDO, FL 32809

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/16/2018 (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 06/16/2018
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 06/16/2018
Date