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(Requestor's Name)

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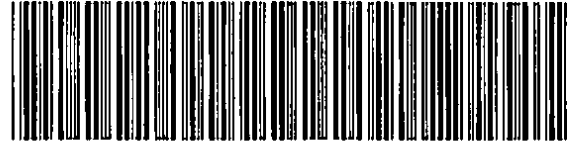
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOUTHERN DISTRICT
FALLAHSSEE, FLORIDA

D O'KEEFF

FEB 28 2019

COVER LETTER

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

SUBJECT: Jose William Victorino P.A.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jose William Victorino
Name (Printed or typed)

3055 NW 126th AV #7-309
Address

Sunrise, Florida 33323
City, State & Zip

954-802-0420
Daytime Telephone number

William.victorino@yahoo.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: Jose William Victorino P A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3055 NW 126th AV
#7-309, Sunrise, Florida
33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Jose William Vicbano
Address: 3055 NW 126th AV #7-309.
Sunrise, FL 33323

ARTICLE VII INCORPORATOR

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

Name: Jose William Vicbano
Address: 3055 NW 126th AV #7-309
Sunrise, FL 33323

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TALLAHASSEE, FLORIDA

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

02/13/2019
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

02/13/2019
Date

To Whom It May Concern

**Department of State
New Filling Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
Subject Jose William Victorino P A**

With all respect, I want to reinforce my statement that I did not, and I do not have any intention to re-open the corporation named Jose William Victorino P A Identified with the document number P17000057385, which has an Inactive/Unavailable status. Please do not to hesitate to contact me in case you may have any question or concern,

Thank you,

A handwritten signature in black ink, appearing to be 'Jose William Victorino', written over a vertical line.

**Jose William Victorino
954-802-0420**