

1/23/2020

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000026045 3))



H200000260453ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FLORIDA MULTISERVICES, INC.  
Account Number : I20150000061  
Phone : (786)290-3319  
Fax Number : (305)645-2035

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: flmultiservices@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
VICTORIA AMY, CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

K. P. 2020

JAN 24 2020

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COMMERCIAL  
SERVICES

Electronic Filing Menu Corporate Filing Menu

Help

VICTORIA AMY CORP  
1430 BRICKELL BAY DR APT. 1002  
MIAMI, FL 33131  
Phone: (305)582-2250  
Email: [flmultiservices@yahoo.com](mailto:flmultiservices@yahoo.com)

January 17, 2020

FLORIDA DEPARTMENT OF STATE

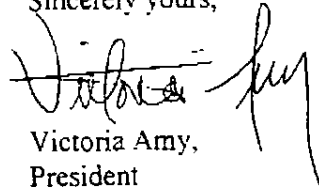
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owner of VICTORIA AMY CORP, Document No. P97000023934 is the same owner of the attached articles of incorporation. The Company has been dissolved on September 27, 2013 and we have no intent of reopening it.


Thank you for your help in this matter,

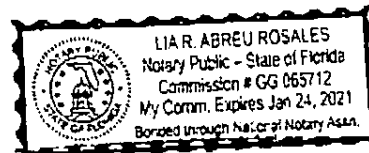
Sincerely yours,

  
Victoria Amy,  
President

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

BEFORE ME, the undersigned authority, on January 17, 2020, appeared Victoria Amy, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.

  
Lia Raquel Abreu Rosales  
Notary Public,  
State of Florida



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H200000260453  
pg 2 of 5

H20000026045 3

# COVER LETTER

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

SUBJECT: VICTORIA AMY CORP  
(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: VICTORIA C. AMY  
Name (Printed or typed)

1430 BRICKELL BAY DR APT 1002  
Address

MIAMI, FL 33131  
City, State & Zip

(305) 582-2250  
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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

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PA 3015

**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: VICTORIA AMY CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1430 BRICKELL BAY DR APT 1002  
MIAMI FL 33131

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: VICTORIA C. AMY, P

Address: 1430 BRICKELL BAY DR  
APT 1002  
MIAMI, FL 33131

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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: VICTORIA AMY  
Address: 1430 BRICKELL BAY DR, Apt 1002  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VICTORIA AMY  
Address: 1430 BRICKELL BAY DR, Apt 1002  
MIAMI, FL 33131

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/17/2020 (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

[Signature]  
Required Signature/Registered Agent

1/17/20  
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.

[Signature]  
Required Signature/Incorporator

1/17/20  
Date

H20000026045 3