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MAR 10 PM 4:59  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Victor Law Centers, 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: Danie Victor Alexandre  
Name (Printed or typed)

3601 SE Ocean Blvd, STE 003  
Address

Stuart, FL 34996  
City, State & Zip

863-800-5555  
Daytime Telephone number

vlawcenter@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: Victor Law Centers, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3601 SE Ocean Blvd, STE  
003 Stuart, FL 34996

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide Legal and related  
Services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Danie Victor Alexandre Name and Title: \_\_\_\_\_  
ceo

Address: 3601 SE Ocean Blvd, Address: \_\_\_\_\_  
STE 003 Stuart,  
FL 34996

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Danie Victor Alexandre  
Address: 3601 SE Ocean Blvd, STE  
003 Stuart, FL 34990

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STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: Danie Victor Alexandre  
Address: 3601 SE Ocean Blvd,  
STE 003 Stuart, FL 34990

**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.)

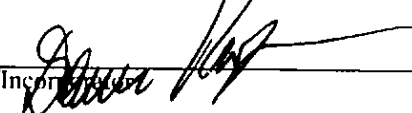
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/4/20  
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.*

  
Required Signature/Incorporator

3/4/20  
Date