

7/15/2020

Division of Corporations

P200000053287

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
VICTORIA ARNP CORP

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLARTICLE I NAMEThe name of the corporation shall be: VICTORIA ARNP CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

139 SW 31 TERRACECAPE CORAL, FL 33914ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CLAUDIA VICTORIA RAMOS ROQUE (P) Name and Title: _____Address 139 SW 31 TERRACE Address: _____MIAMI, FL 33914 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAUDIA VICTORIA RAMOS ROQUE
Address: 139 SW 31 TERRACE
CAPE CORAL, FL 33914

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CLAUDIA VICTORIA RAMOS ROQUE
Address: 139 SW 31 TERRACE
CAPE CORAL FL 33914

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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

7/14/20
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

7/14/20
Date