

**P2000071987**

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.**

(((H20000321151 3)))



H200003211513ABCP

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
VICTORY CAMPAIGN STRATEGIES INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 SEP 15 PM 8:27

FILED

20 SEP 15 PM 4:09

RECEIVED

**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: VICTORY CAMPAIGN STRATEGIES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11850 SW 30 ST.MIAMI, FL. 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SHANE CONNOLLY

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

Address

P/T/S/D

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

11850 SW 30 ST.MIAMI, FL. 33175

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

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

Address

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

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

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

Address

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

FILED  
20 SEP 15 PM 8:27  
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: SHANE CONNOLLY  
Address: 11850 SW 30 ST.  
MIAMI, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHANE CONNOLLY  
Address: 11850 SW 30 ST.  
MIAMI, FL. 33175

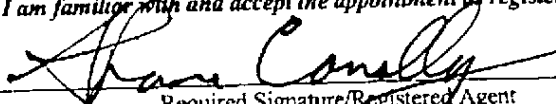
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/14/2020 (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.)

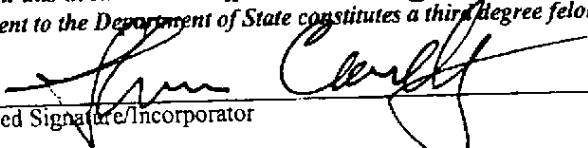
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

09/14/2020  
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

09/14/2020  
Date

FILED  
20 SEP 15 PM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA