

Division of Corporations

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P21000011757

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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

VICSEN THE LABEL INC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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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: VICSEN THE LABEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1100 BRICKELL BAY DRIVE APT 46M
MIAMI, FL 33131

Mailing address, if different is:
1100 BRICKELL BAY DRIVE APT 46M
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

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FILED

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTORIA ALARIO/PRESIDENT

Name and Title: _____

Address 1100 BRICKELL BAY DRIVE APT 46M
MIAMI, FL 33131

Address: _____

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 AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: VICTORIA ALARIOAddress: 1100 BRICKELL BAY DRIVE APT 46M
MIAMI, FL 33131**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: VICTORIA ALARIOAddress: 1100 BRICKELL BAY DRIVE APT 46M
MIAMI, FL 33131**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 business days prior or 90 business 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**victoria alario*

Required Signature/Registered Agent

1/26/2021

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.**victoria alario*

Required Signature/Incorporator

1/26/2021

Date