

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P21000103649

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.

(((H21000453396 3)))



H210004533963ABCD

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
VICTORIAMAHE CORP

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

21M DEC 13 AM 9:32

RECEIVED
2021 DEC 13 PM 3:20

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 14 2021

T. SCOTT

ARTICLES OF INCORPORATION

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

Effective Date 11/1/22

ARTICLE I NAME: The name of the corporation is:VICTORIA Make Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3800 Collins Avenue #810Miami Beach, FL 33140**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Pastor Castillo (P)

2021 DEC 13 AM 9:32


ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Pastor Castillo3800 Collins Avenue #810Miami beach FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Pastor Castillo3800 Collins Avenue #810Miami beach FL 33140

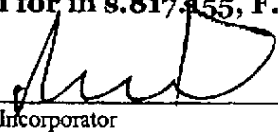
Required Signatures:

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



Registered Agent 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.



Incorporator Date