

P240000 33441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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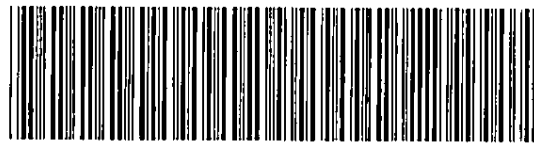
(Business Entity Name)

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TALLAHASSEE, FL

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## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY Vincent's Classic Homes, Inc.	FOR OFFICE USE ONLY

### PICK ONE:

XX CERTIFIED COPY       PHOTOCOPY    XX C.U.S.

### FILING:

XX CORPORATION       LLC       LIMITED PARTNERSHIP       GENERAL PARTNERSHIP  
   FICTITIOUS NAME       SERVICE MARK/TRADEMARK       AMENDMENT  
   FOREIGN QUALIFICATION       JUDGMENT LIEN  
   OTHER   

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Country   

Amount of Documents   

DATE 5/16/24    TIME   

Notes:     
  

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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: Vincent's Classic Homes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

350 Lincoln Road

Miami Beach, FL 33139

Mailing address, if different is:

594 Dean Street Ste 53

Brooklyn, NY 11238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Garland Shields - Vice President Name and Title: \_\_\_\_\_

Address 350 Lincoln Road Address: \_\_\_\_\_

FL 2 \_\_\_\_\_

Miami Beach, FL 33139 \_\_\_\_\_

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

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

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

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

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TALLAHASSEE, FL

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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: Nichol Vincent

Address: 350 Lincoln Road FL2

Miami Beach, FL 33139

**ARTICLE VII INCORPORATOR**

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

Name: Garland Shields

Address: 350 Lincoln Road FL 2

Miami Beach, FL 33139


**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

*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

Date \_\_\_\_\_

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