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Alex Pina

Division of Corporations

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 : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
VICORSHOP CORP

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

Help

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: VICORSHOP CORP

ARTICLE II PRINCIPAL OFFICE

11498 NW 79th Ln Principal street address

Mailing address, if different is:

Doral, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YEILIBEL C FERREIRA ROMERO - PRESIDENT Name and Title: _____

Address: 11498 NW 79th Ln Address: _____

Doral, FL 33178

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: _____

ALEX PINA CO

Address: _____

8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____

YEILIBEL C FERREIRA ROMERO

Address: _____

11498 NW 79th Ln

Doral, FL 33178

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

08/30/2024

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

08/30/2024

Date