

P 960000 71510

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Victorino's Druggall

Inc

C.C. FEE

DISBURSED

☒ Capital Express™

☒ Art. of Inc. Filing

☐ Corp. Record Search

☐ Ltd. Partnership Filing

☐ Foreign Corp. Filing

☒ () Cert. Copy(s)

25.00

☐ Art. of Amend. Filing

☐ Dissolution/Withdrawal

☐ C U B

☐ Fictitious Name Filing

☐ Name Reservation

☐ Annual Report/Reinstatement

☐ Reg. Agent Service

☐ Document Filing

☐ Corporate Kit

☐ Vehicle Search

☐ Driving Record

☐ Document Retrieval

☐ UCC 1 or 3 Filing

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ File No.'s, Copies

☐ Courier Service

☐ Shipping/Handling

☐ Phone ()

☐ Top Priority

☐ Express Mail Prep.

☐ FAX () pgs.

SUBTOTALS

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

DIVISION OF CORPORATION

55 AUG 28 AM 9:46

RECEIVED

F. CHESLER

AUG 28 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY HPH _____

WALK-IN Will Pick Up 5:28 12:10

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Victoria's Dry Wall, Inc
(Proposed Corporate name)

Enclosed is an original and one copy of the articles of incorporation and a check for

Filing Fee \$ 70 ☒ Filing Fee \$ 78.75 ☐ Filing Fee \$ 122.50 ☐ Filing Fee \$ 131.25 ☐
& Certificate & Certify Copy Certified Copy
& Certificate

From:

Bestway Accounting
(Name)
193 S. State Rd
(Address)
Mergergate FL 33068
(Telephone)

**ARTICLES OF INCORPORATION
OF
VICTORIA'S DRYWALL, INC**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
93 AUG 23 AM 10:20
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

VICTORIA'S DRYWALL, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

**3111 NW 3 RD AVE #3
POMPANO BEACH FL 33064**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registration agent is :

**SULMA R. ZELAYA
3111 NW 3 RD AVE #3
POMPANO BEACH FL 33064**

ARTICLE V INCORPORATOR(S)

The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

SULMA ZELAYA 3111 NW 3RD AVE #3, POMPANO BEACH FL 33064

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this
08 day of August of 1996



PRESIDENT
Signature

VICE-PRESIDENT
Signature

TREASURY
Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT,
IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

VICTORIA'S DRYWALL, INC

2. The name and address of the registered agent and office is:

**SULMA R. ZELAYA
3111 NW 3 RD AVE #3
POMPANO BEACH, FL 33064**

FILED
93 AUG 28 11 10:20
TALLAHASSEE, FLORIDA

**having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with provisions
of all statutes relating to the proper and complete performance of my duties and I am
familiar with and accept the obligations of my position as registered agent.**



Signature

Date