P98000009175

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

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			******78.75 ******78
SUBJECT:V	1CTORIA CUST	Tom Homes rate name - must include suf	CORP.
			-
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	P. V. CICH	○ ✓ Printed or typed)	
	121 LONDON	DRIUE Address	
	PALM COAST	T FL 32	137
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NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

TALLIMOSEE, FLORIDA

Λ	RTIC	TE	7	NAME	٠
А	K11C	طاما		IVAIVE	,

The name of the corporation shall be:

VICTORIA CUSTOM NOMES CORP

ARTICLE II PRINCIPAL OFFICE

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

PALM COAST, FL 32137

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

P.V. CICHON

(2) LONDON DU

PAIN COMST, FL 32317

NETICLEY INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

P.V. CICHON 121 LONDON DRIVE

PALM COAST, FL 32137

D. V. Ciclo

Signature/Incorporator

1/21/98

Date

(An additional article must be added if an effective date is requested.)

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 the 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/Registered Agent

Date