

TRANSMITTAL LETTER

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

SUBJECT: Victoria Center, Inc.
(Proposed corporate name - must include suffix)

600002668926--9

-10/21/98--01040--002

****131.25 ****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. Bonnie L. Reele
Name (Printed or typed)
Victoria Center, Inc.
521 Wilbur Street
Address
Brandon, Florida 33511
City, State & Zip
813-654-5252
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 OCT 21 PM 2:59

FILED

NOTE: Please provide the original and one copy of the articles.

10-21-98

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.

Article I Name

The name of the corporation shall be:

Victoria Center, Inc.

Article II Principal Office

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

521 Wilbur Street
Brandon, Florida 33511

Article III Shares

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

One (1)

Article IV Initial Registered Agent and Street Address

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

Dr. Bonnie L. ReeLe
1520 Brooker Road
Brandon, Florida 33511

Article V Incorporator

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

Dr. Bonnie L. ReeLe
1520 Brooker Road
Brandon, Florida 33511

Dr. Bonnie L. ReeLe

Signature/Incorporator

10/15/98
Date

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.

Dr. Bonnie L. ReeLe

Signature/Registered Agent

10/15/98
Date

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98 OCT 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA