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Florida Department Of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

900002697499--9  
-11/30/98--01070--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject: **VICTORLAND COMPANY**

Enclosed is an original and two (2) copies of the articles of incorporation and payment in the amount of seventy-eight dollars and seventy-five cents (\$78.75), for:

Filing Fee	\$70.00
& Certified Copy	<u>\$8.75</u>
Total	\$78.75

From: Francisco Vincentelli

11229 W. Atlantic Blvd. #206

Coral Springs, FL 33071

954-344-0399

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 23 PM 12: 51

B. BROCK DEC 3 1998

## Articles of Incorporation

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

### **Article I – Name**

The name of the corporation shall be: **VICTORLAND COMPANY.**

### **Article II – Principal Office**

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

11229 West Atlantic Boulevard, #206  
Coral Springs, FL 33071

### **Article III – Shares**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100) Shares.

### **Article IV – Initial Registered Agent and Street Address**

The name and address of the initial registered Agent for this corporation are:

Francisco Vincentelli  
11229 West Atlantic Boulevard, #206  
Coral Springs, FL 33071.

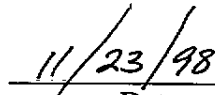
### **Article V – Incorporator**

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


Francisco Vincentelli  
11229 West Atlantic Boulevard, #206  
Coral Springs, FL 33071.

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\_\_\_\_\_  
Signature of Incorporator

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature / Registered Agent

  
\_\_\_\_\_  
Date

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