(Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Fictitious Name Limited Partnerនក្រីស្រែ Name Reservation Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 29, 1999

LAZARUS

MIAMI, FL

SUBJECT: VICTOIRE CORP. Ref. Number: W99000017615

We have received your document for VICTOIRE CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 499A00038758

ARTICLES OF INCORPORATION

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.

ARTICLE I - NAME

The name of the corporation shall be: KEY VICTOIRE CORP.

ARTICLE II - PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be: 10504 S.W. 132 Court
Miami, Florida 33186

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Marcelle B. Poirier
2701 South Bayshore Drive
Suite 402
Coconut Grove, Florida 33133

ARTICLE V INCORPORATOR(S)

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

Yves Jacques Didier Desvigne 10504 SW 132 Court Miami, Florida 33186 Valerie Sophie Desvigne 10504 SW 132 Court Miami, Florida 33186

ARTICLE VI DIRECTOR(S)

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

Yves Jacques Didier Desvigne 10504 SW 132 Court Miami, Florida 33186 Valerie Sophie Desvigne 10504 SW 132 Court Miami, Florida 33186

The undersigned incorp	orator(s) has(have) executed these Articles of
Incorporation this	
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	Signature
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	Signature
	Signature

Articles of Incorporation

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

he name and address of the registered agent and office is:		
Marcelle B. Poir	ier	-
	(NAME)	
2701 South Baysh	ore Drive Su	iite 402
(P.O. B	OX NOT ACC	EPTABLE)
Coconut Grove, F	lorida 33133	3
	(CITY/STATE/	ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PLOCESS 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 LEGISTERED AGENT.

SIGNATURE

DATE

REGISTERED AGENT FILING FEE: \$35.00