

P25000008513

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A.
Account Number : I20200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION MAGNA VICTORIA INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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(((H25000056091 3)))
COVER LETTER

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

SUBJECT: MAGNA VICTORIA INVESTMENTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: NICOLE M. VILLARROEL, ESQ.
Name (Printed or typed)

2426 EAST LAS OLAS BOULEVARD
Address

FORT LAUDERDALE, FL 33301
City, State & Zip

(954) 334-2250
Daytime Telephone number

NVILLARROEL@OLIVEJUDD.COM
E-mail address: (to be used for future annual report notification)

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

(((H25000056091 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MAGNA VICTORIA INVESTMENTS, INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2001 WEST BAKERVIEW ROADBELLINGHAM, WASHINGTON 98226ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 10,000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: FREDRICK KAISER, PRESIDENTName and Title: VICTORIA L. FERGUSON, VPAddress 2001 WEST BAKERVIEW ROADAddress: 2001 WEST BAKERVIEW ROADBELLINGHAM, WASHINGTON 98226BELLINGHAM, WASHINGTON 98226

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OLIVE JUDD, P.A.
Address: 2426 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE M. VILLARROEL, ESQ.
Address: 2426 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Nicole M. Villarroel 2/13/25
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicole M. Villarroel 2/13/25
Required Signature/Incorporator Date

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