

P14000063468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

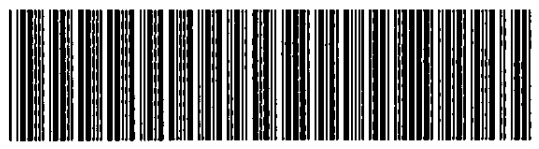
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/28/14--01053--013 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 28 PM 3:55

APPROVAL  
AND  
FILED

VH

**COVER LETTER**

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

iVision America Inc.

**SUBJECT:** \_\_\_\_\_  
**(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

**FROM:** Andy Vitalli  
Name (Printed or typed)  
1301 W. Copans Road H6  
Address  
Pompano Beach FL 33064  
City, State & Zip  
954-608-0724  
Daytime Telephone number  
avitan77@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME** iVision America Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1301 W. Copans Road H6

1301 W. Copans Road H6

Pompano Beach FL 33064

Pompano Beach FL 33064

**ARTICLE III PURPOSE**

to sell industrial vacuums

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andy Vitalli Partner

Name and Title: Andrea Alessandrini Partner

Address: 1301 W. Copans Road H6

Address: 1301 w. Copans Road H6

Pompano Beach FL 33064

Pompano Beach FL 33064

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

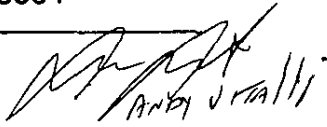
APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: 14 JUL 28 PM 3:55  
\_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Andy Vitalli  
Address: 1301 W. Copans Road H6  
Pompano Beach FL 33064

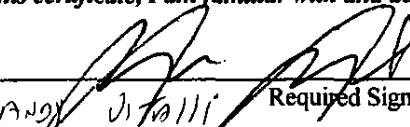


**ARTICLE VII INCORPORATOR**

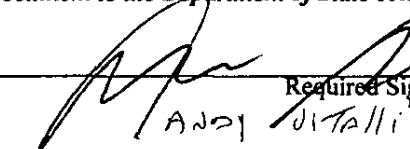
The name and address of the Incorporator is:

Name: Andy Vitalli  
Address: 1301 W. Copans Road H6  
Pompano Beach FL 33064

*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*

 \_\_\_\_\_ Required Signature/Registered Agent  
Date: 7-10-14

*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.*

 \_\_\_\_\_ Required Signature/Incorporator  
Date: 7-10-14