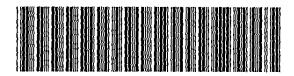
## N0500005071

| (Requestor's Name)                      |                    |  |  |  |
|---|--------------------|--|--|--|
| (Add                                    | trees)             |  |  |  |
| (Address)                               |                    |  |  |  |
| (Address)                               |                    |  |  |  |
|   | •                  |  |  |  |
| (City/State/Zip/Phone #)                |                    |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL                                   |  |  |
| /Por                                    | siness Entity Nar  | mal                                    |  |  |
| (Dus                                    | siness Entity Ivar | 11 <b>e)</b>                           |  |  |
| (Document Number)                       |                    |  |  |  |
|   |                    |  |  |  |
| Certified Copies                        | Certificates       | s of Status                            |  |  |
|   | <del> </del>       | ······································ |  |  |
| Special Instructions to Filing Officer: |                    |  |  |  |
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O5 APR 21 M 7: 49
SECRETARY OF STATE

C\$.5-17

## TRANSMITTAL LETTER

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

| SUBJECT: Visions Children's Network Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)   |                                    |                                      |   |  |  |
|--|------------------------------------|--------------------------------------|---|--|--|
|  |                                    |                                      |   |  |  |
|  |                                    |                                      |   |  |  |
| Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for : |                                    |                                      |   |  |  |
| ☑ \$70.00<br>Filing Fee  | Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate |  |  |
|  |                                    | ADDITIONAL CO                        | PY REQUIRED                                     |  |  |
|  |                                    | <u> </u>                             |   |  |  |
| FROM: Belkis Coupel Name (Printed or typed)  |                                    |                                      |   |  |  |
| 13101 Mahogany Bay Dr. Address   |                                    |                                      |   |  |  |
| Boynton Beach, FL. 33436 City, State & Zip   |                                    |                                      |   |  |  |
| (561) 543-0417 Daytime Telephone number  |                                    |                                      |   |  |  |

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 25, 2005

BELKIS COUPET 13101 MAHOGANY BAY DR. BOYNTON BEACH, FL 33436

SUBJECT: VISIONS CHILDREN'S NETWORK

Ref. Number: W05000020853

We have received your document for VISIONS CHILDREN'S NETWORK and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6047.

Carolyn Lewis Document Specialist New Filings Section

Letter Number: 405A00028284

05 HAY 13 AM ID: 51

ARTICLES OF INCORPORATION
,In Compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I NAME   |   |
|--|---|
| The name of the corporation shall be:  | TAISE SS                                      |
| Visions Children's Network, Inc.   |   |
| ARTICLE II PRINCIPAL OFFICE  | FILI<br>PR 21<br>NHASSI                       |
| The principal place of business and mailing address of this corporation shall I          | DE: 14  |
| 13101 Mahogany Bay Dr.<br>Boynton Beach, FL. 33436                                       | AN 7: 50 P STATE                              |
|  | 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5       |
| The purpose for which the corporation is organized is:                                   | 5 0   |
|  | istina  |
| To conduct any and all legal business ass<br>children with special needs.                |   |
| ARTICLE IV MANNER OF ELECTION  |   |
| The manner in which the directors are elected of appointed:                              |   |
| The incorporator Bellis Coupet, has accept<br>request to serve as Treasurer.             | red Jodi Goldstein's                          |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS  |   |
| List name(s), address(es) and specific title(s):   | A +-  |
| Bellis Coupet, President/Secretary Jo  | di Goldstein, Treasurer                       |
| 13 101 Mahogany Bay Dr. 131  | 101 Mahogany Bay Ut.                          |
| Boynton Beach, FL 33436 Bo   | 101 Mahogany Bay Dr.<br>Ynton Beach, FL. 3343 |
| 3  | 9   |
| ADTICLE UL INUTAL DECISTEDEN ACENT AND STREET A  | DADECC  |
| The name and Florida street address (P.O. Box NOT acceptable) of the re                  |   |
| Belkis Coupet  | B-original above to:                          |
| Bloc Mahogany Bay Dr.  | _   |
| Boynton Beach, FL. 33436   |   |
| ARTICLE VII INCORPORATOR   |   |
| The name and address of the Incorporator is:   |   |
| Baylin Cought  | •   |
| 13101 Managany Bay Dr.   |   |
| 13101 Managany Bay Dr.<br>Boynton Beach, Fl. 33436                                       |   |
| **************************************   | *********                                     |
| Having been named as registered agent to accept service of process for the above state   |   |
| in this certificate, I am familiar with and accept the appointment as registered agent a | nd agree to act in this capacity.             |
| Delkin Owner   | 5/11/05                                       |
| Signature/Registered Agent   | Date  |
|  |   |
| Belkis Coupet  | 5/11/05                                       |
| Signature/incorporator   | Date  |