N09000009045

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





400160222184

09/14/09--01027--012 **70.00

SECRETAGY OF STATE

APPHOVEC



COVER LETTER

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

| SUBJECT: | SEE-THROUGH VISIONS INC. | | | |
|--|--|-------------------------------------|--|--|
| | (PROPOSED CORPORATI | E NAME – <u>MÜST INCLUI</u> | DE SUFFIX) | |
| Enclosed is an original | and one (1) copy of the Artic | les 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 | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: LAMBROS KATSOUFIS Name (Printed or typed) | | | | |
| | 3035 ORANGE ST. | 71 -7 | | |

(786) 303-6376

MIAMI, FL 33133

Daytime Telephone number

Address

City, State & Zip

LKATSOUFIS1@ME.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 617, F.S., (Not for Profit)



09 SEP 14 PM 4: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SEE-THROUGH VISIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3035 ORANGE ST. MIAMI, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce films that raise social awareness.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be elected by the Board of Directors at any meeting, when there is an expiring term of a director or subsequent to resignation by a director, from a slate of nominees, constituting of at least two (2) nominees for each open position.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Lambros Katsoufis, 3035 Orange St., Miami, FL 33133, Director/President/Secretary/Treasurer Chryso Katsoufis, 3035 Orange St., Miami, FL 33133, Director Paris Katsoufis, 3035 Orange St., Miami, FL 33133, Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lambros Katsoufis, 3035 Orange St., Miami, FL 33133

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lambros Katsoufis, 3035 Orange St., Miami, FL 33133

| ************ | ************************************** |
|--|--|
| Having been named as registered agent to accept service of proin this certificate, I am familiar with and accept the appointment | |
| - , K | 9/9/09 |
| Signature/Registered Agent | Date |
| | 9/9/09 |
| Signature/Incorporator | Date |