

N11000002936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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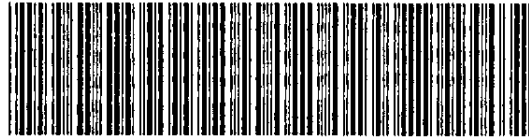
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Be Visual 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
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MaKITA TUNSIll
Name (Printed or typed)

P.O Box 2653
Address

Jacksonville, Fla 32203
City, State & Zip

904.504.5589
Daytime Telephone number

vision2ofsuccess@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)

ARTICLE I NAME

The name of the corporation shall be: Be Visual Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6500 N Pearl St
Jacksonville Fla 32208

Mailing address, if different is:

P.O. Box 2653
Jacksonville, Fla 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Be Visual is a brand that withstand any business environment while being recognized as resourceful, culturally diverse, innovative & intellectual in all of it business practices.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

According to by laws in place for this company.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maxita Tunsill
Address: CEO
P.O. 2653
Jacksonville Fla 32203

Name and Title: _____
Address: _____

Name and Title: Jamie Johnson
Address: President

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cheryl R Kelly
Address: 6500 N Pearl St
Jacksonville, Fla 32203

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maxita Tunsill
Address: P.O. Box 2653
Jacksonville, Fla 32203

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

Cheryl R Kelly
Required Signature of Registered Agent

3/15/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Maxita Tunsill
Required Signature of Incorporator

3/15/11
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA