POODOOD TOBOI epartment of State

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

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SUBJECT: Visital Yost Office, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)					
	(I KOI OBED CORI ORA)	(E NAME – <u>WOST ENCL</u>	ODE SOFTIA		
Enclosed is an original	d and one(1) copy of the article	es of incorporation and a	check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: TRACEY LARVENZ Name (Printed or typed) 5037 SW 130th Terrace Address				00 JUL 21 PM	FILED
Miramar, FL 33627 City, State & Zip				1 2: 58	

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

The name of the corporation shall be:

Disital Post Office, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5037 SW 130th Terrace Miramar, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TRACEY LARVENZ 5037 SW 130th Terrace Miramary 33027 ARTICLE VII LINCORPORATOR

The name and address of the Incorporator is:

TRACEY LARVENZ 50 37 SW 130th Terrace

Signature/Registered A conf

Signature/Registered Agent

Signature/Incorporate

Date

Date

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