TRANSMITTAL LETTER

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

SUBJECT:		VI Inc.	*****78.75	5 ******78.7
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed is an origin	al 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:	Steven L Buck Name (Pr			nell
Address Address Hollywood FL 33024 Pollywood FL 33024				
	Houy woo City, S	0d, FL 3307 State & Zip		
	(as4) Daytime Te	435-4361 elephone number		OF STATE OF STATE OR 1: 29

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)	engreen om de een een een een een een een een een	
ARTICLE I NAME The name of the corporation shall be: $SLBGLDVTTTWC.$	FILED SECRETARY OF STATE SIVISION OF CORPORATIONS OO DEC 21 PM 1: 29	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 78/7 N ARTICLE III PURPOSE - DAVIE FL		
The purpose for which the corporation is organized is: TO CONDUCT BUSSNESS J.	53029	
ARTICLE IV SHARES The number of shares of stock is:	<u>.</u>	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): CARLEN ELD ONNELL PRES STEVEN L BUCHLOLL VICE PRES ROSEMARY APPLETON SEC	7817 NW4057 DAVIE FL33624	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: CARLENE DONNELL 7817 NW 40 ST DAULE FL	33024	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CARLEW E DOWNELL.		
**************************************	orporation at the place designated in this act in this capacity	
Signature/Registered Agent Signature/Incorporator	$\frac{12-18-00}{\text{Date}}$	