

TRANSMITTAL LETTER

P01000103645

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

FILED  
01 OCT 25 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800004652948  
-10/25/01--01038--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Visual Coordinations by Kerry O. Vickers 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Kerry O. Vickers  
Name (Printed or typed)

1882 S.E. Carvalho St.  
Address

Port St. Lucie, FL. 34983  
City, State & Zip

(561) 340-3177  
Daytime Telephone number

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

D. BROWN OCT 26 2001

**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:

Visual Coodinations by Kerry O. Vickers Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1882 S.E. Carvalho St.  
Port St. Lucie, FL. 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Interior Decorating / Redesigning

**ARTICLE IV SHARES**

The number of shares of stock is:

One (1)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

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

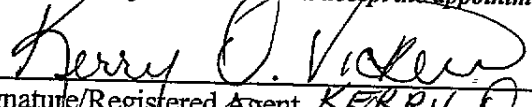
Kerry O. Vickers  
1882 S.E. Carvalho St.  
Port St. Lucie, FL. 34983

**ARTICLE VII INCORPORATOR**

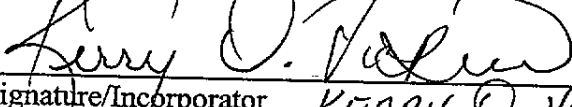
The name and address of the Incorporator is:

Kerry O. Vickers  
1882 S.E. Carvalho St.  
Port St. Lucie, FL. 34983

\*\*\*\*\*  
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

  
Signature/Registered Agent KERRY O. VICKERS

10-19-01  
Date

  
Signature/Incorporator KERRY O. VICKERS

10-19-01  
Date

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01 OCT 25 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA