## POZOGO STATESTASO

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

500005172985--8 -03/27/02--01090--001 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Virtual Acess of Port Richer Inc

Enclosed are an original and one (1) copy of the articles of incorporation and a check for	Encl	osed	are an	original	and one	(1)	copy of	f the a	articles	of incor	poration	and a	check	t for:
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\$70.00 \$78.75
Filing Fee & Certificate of Status

U \$78.75
Filing Fee
& Certified Copy

\$87.50Filing Fee,Certified Copy& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: House of ITICO
Name (Printed or typed)

SS67 Sea Forest DT

Address

Address

City, State & Zip

727 815 3766

Daytime Telephone number

02 MAR 27 AM 6: 47

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

64-03-02

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:  VITTUM ACCUSS OF POS  ARTICLE II PRINCIPAL OFFICE	ot Richel Tor
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  OH SHOULD HAD HAD HAD HAD HAD HAD HAD HAD HAD HA	02 MAR 27 AM SECRETARY OF TALL ARASSEE S
ARTICLE IV SHARES The number of shares of stock is:	6: 47 STATE LORIDA
ARTICLE VI RECISTERED AGENT  The name and Florida street address of the registered agent is:  ANGLE VII INCORPORATOR  The name and address of the Incorporator is:  ANGLE VII INCORPORATOR  The name and address of the Incorporator is:  ANGLE VII INCORPORATOR  The name and address of the Incorporator is:	t t Secretary
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and	d agree to act in this capacity
Signature/Registered Agent	3-25-02 Date
Signature/Incorporator	3-25-02 Date