

Original

TRANSMITTAL LETTER  
**P02000072663**

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

SUBJECT:

V. L. VENTURES, INC.

500006127835--9  
-07/01/02--01077--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

(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 Status

FROM:

VINCENT D. LEONE

Name (printed or typed)

6523 ALCESTER DRIVE

(Address)

NEW PORT RICHEY, FL 34655

(City/State//Zip)

(727) 944-4610

(Day time telephone number)

FILED  
02 JUL - 1 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one (1) copy of the Articles

DIVISION OF CORPORATIONS, P.O. BOX 6327 TALLAHASSEE, FL 32314

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

OF

**V. L. VENTURES, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporation (s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

**ARTICLE I      NAME**

The name of the corporation shall be:

**V. L. VENTURES, INC.**

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**6523 ALCESTER DRIVE  
NEW PORT RICHEY, FL 34655**

**ARTICLE III                      CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

**1000 SHARES NON-PAR**

**ARTICLE IV      INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**JAMES H. COLLIER, SR.  
9110 STERLING LANE  
PORT RICHEY, FL 34668**

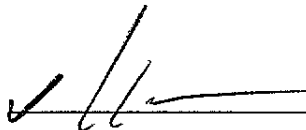
**ARTICLE V INCORPORATOR(S)**

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

Vincent D. Leone (PRESIDENT)  
6523 Alcester Drive  
New Port Richey, FL 34655

The undersigned has (have) executed these Articles of Incorporation this

28th \_\_\_\_ DAY \_\_\_\_ OF June \_\_\_\_ 2002

 P \_\_\_\_ Signature/Title

\_\_\_\_ V-P \_\_\_\_ Signature/Title

\_\_\_\_ SEC \_\_\_\_ Signature/Title

\_\_\_\_ Signature/Title

\_\_\_\_ Signature/Title

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: \_\_\_\_\_

**V. L. VENTURES, INC.**

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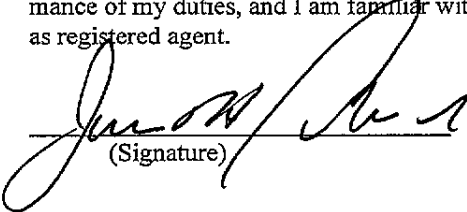
The name and address of the registered agent and office is:

\_\_\_\_\_  
JAMES H. COLLIER SR.  
(Name)

\_\_\_\_\_  
9110 STERLING LANE  
(P. O. Box not acceptable)

\_\_\_\_\_  
PORT RICHEY, FL 34668  
(City/State/Zip)

I have been named as registered agent and to accept service of process for the aboved stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

\_\_\_\_\_  
6-28-02  
(Date)