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TRANSMITTAL LETTER

FILED

02 SEP 19 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-09/19/02--01032--014
*****70.00 *****70.00

SUBJECT: PERIPHERAL VISIONARIES 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: ROBERT WALTON
Name (Printed or typed)

1406 N. OSCEOLA AVE
Address

CLEARWATER FL 33755
City, State & Zip

727-446-5675
Daytime Telephone number

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

CB 9/20

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:

PERIPHERAL VISIONARIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1406 N. OSCEOLA AVE
CLEARWATER FL 33755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ROBERT WALTON
1406 N. OSCEOLA AVE
CLEARWATER FL 33755

ARTICLE VI REGISTERED AGENT

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

ROBERT WALTON
1406 N. OSCEOLA AVE
CLEARWATER FL 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT WALTON
1406 N. OSCEOLA AVE
CLEARWATER FL 33755

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

Robert Walton

Signature/Registered Agent

8-19-02

Date

Robert Walton

Signature/Incorporator

8-19-02

Date

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TALLAHASSEE, FLORIDA