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TRANSMITTAL LETTER

FILED
02 OCT 17 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: VICHOT SERVICES, INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate
Status

☒ \$78.75
Filing Fee
& Certificate Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

200008423182--6
-10/17/02--01042--002
*****78.75 *****78.75

FROM: LAZARO VICHOT
Name (Printed or typed)

853 105TH AVE N.
Address

NAPLES, FL 34108
City, State & Zip

(239) 216-5627
Daytime Telephone Number

10-18-02
[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The underside incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VICHOT SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

853 105TH AVE. N.
NAPLES, FL 34108

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTER AGENT AND STREET ADDRESS

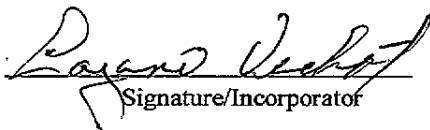
The name and Florida street address of the initial registered agent are:

SANDRA GANGL
5780 HOUCHIN STREET
NAPLES, FL 34109

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

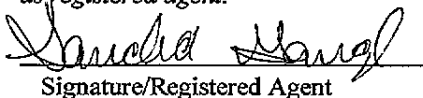
LAZARO VICHOT(PRESIDENT)
853 105TH AVE. N.
NAPLES, FL 34108


Signature/Incorporator

10/14/02
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above 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/Registered Agent

10-14-02
Date