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PICK-UP	WAIT MAIL			
(Business I	Entity Name)	_		
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing O	fficer:	1		
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Office Use Only



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CB729

TRANSMITTAL LETTER

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

, obase :	ON INVESTMENTS OF OPPOSED CORPORA	TE NAME – <u>MUST INCL</u>	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i 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 CO	PPY REQUIRED
FROM:	•		

THE TAX MASTER OF CENTRAL FLORIDA INC. 8127 VALENCIA COLLEGE LN. ORLANDO, FL 32825

(407) 482-4041
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 16, 2003

THE TAX MASTER OF CENTRAL FLORIDA INC. 8127 VALENCIA COLLEGE LN ORLANDO, FL 32825

SUBJECT: VISION INVESTMENTS OF FLORIDA, INC.

Ref. Number: W03000020143

We have received your document for VISION INVESTMENTS OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 903A00041766

FILED

ARTICLES OF INCORPORATION	03 JUL 29 AH 4: 45
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECILLIA SI STATE
ARTICLE I NAME	TALLAHASSEE, FLORIDA
The name of the corporation shall be:	_
VISION INVESTMENTS OF CENTRAL FLORIDA, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2227 TREYMORE DR.	-
ORLANDO, FL 32825	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: REAL ESTATES INVESTMENTS	
ARTICLE IV SHARES The number of shares of stock is: 1,000 shares at \$1.00 per share	
ARTICLE V INITIAL OFFICERS/DIRECTOR (OPTIO The name (s), address (s) and title (s): JAVIER M VILLALOBOS (PRESIDENT)	NAL)
2227 TREYMORE DR. ORLANDO, FL 32825	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: JAVIER M VILLALOBOS (REGISTERED AGENT) 2227 TREYMORE DR. ORLANDO, FL 32825	÷
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JAVIER M VILLALOBOS (INCORPORATOR) 2227 TREYMORE DR. ORLANDO, FL 32825	<u></u>
**********************	******
Having been named as registered agent to accept service of process for the aborplace designated in this certificate, I am familiar with and accept the appointment agree to act in this capacity.	ent as registered agent and
Signature/Registered Agent	7-10-03
Signature/Registered Agent	7-/0-03 Date
\mathcal{S}	7-10-50
Signature/Incorporator	7-10-03 Date