

P04000058355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

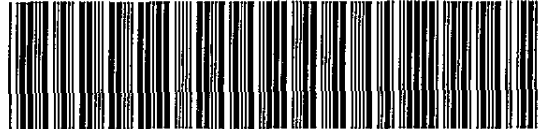
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

VISIONS UNLIMITED INT'L. INC.

SUBJECT: ^A _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Damon C Haynes
Name (Printed or typed)

3704 Jacob Cove Way
Address

Jacksonville, Florida 32218
City, State & Zip

904-509-7365
Daytime Telephone number

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

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:

VISIONS UNLIMITED INT'L INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3704 Jacob Cove Way, Jacksonville, Florida 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General sales of health products and apparell

ARTICLE IV SHARES

The number of shares of stock is:

1, 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Antonio Kirkland, President - 3950 Victory Landing Dr S., Jacksonville, Florida 32208

Damon C Haynes, CEO - 3704 Jacob Cove Way, Jacksonville, Florida 32218

ARTICLE VI REGISTERED AGENT

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

Jamillah M Haynes
3704 Jacob Cove Way
Jacksonville, Florida 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Damon C Haynes, CEO - 3704 Jacob Cove Way, Jacksonville, Florida 32218

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

Jamillah Haynes
Signature/Registered Agent

3/29/2004
Date

Damon Haynes
Signature/Incorporator

3/29/2004
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA