

CAPITAL CONNECTION
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

VISTA HORIZONS FINANCIAL, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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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:

VISTA HORIZONS Financial, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/trailing address is:

2120 Whisper Lakes Blvd #1001
ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit.

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

ARIF ZAHEDI
2120 Whisper Lakes Blvd
ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARIF ZAHEDI
2120 Whisper Lakes Blvd
ORLANDO, FL 32837

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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