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(Business Entity Name)

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# TRANSMITTAL LETTER

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

**SUBJECT:** VADZ CONCEPTS, INC  
(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:** EVADNE I. MASTERS  
Name (Printed or typed)

721 SW 100 AVENUE  
Address

PEMBROKE PINES, FLORIDA 33025  
City, State & Zip

954-431-6653  
Daytime Telephone number

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 JUN 21 PM 1:01

**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:  
VADZ CONCEPTS, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
721 SW 100 AVENUE  
PEMBROKE PINES, FLORIDA 33025

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
SMALL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

~~ZERO~~ ONE (1)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
EVADNE I. MASTERS - 721 SW 100 AVE, PEMBROKE PINES, FLORIDA 33025, PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
EVADNE I. MASTERS, 721 SW 100 AVE, PEMBROKE PINES, FLORIDA 33025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
EVANDE I. MASTERS, 721 SW 100 AVE, PEMBROKE PINES, FLORIDA 33025

04 JUN 21 PM 1:01  
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\*\*\*\*\*  
*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*

*Evadne I. Masters*  
Signature/Registered Agent

6/8/04  
Date

*Evadne I. Masters*  
Signature/Incorporator

6/8/04  
Date