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# TRANSMITTAL LETTER

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

CT: VAD	Z CONCEPTS, INC			
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
l are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00	<b>□</b> \$78.75	□ \$78.75	<b>☑</b> \$87.50	
iling Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	ł
FROM: E	VADNE I. MASTERS			
	Name	(Printed or typed)		
	721 SW 100 AVENUE			<u>_</u>
•		Address		ر. <del>د</del>
	PEMBROKE PINES, FLOR	コロッ さいつき		04 JUN 21
		State & Zip	<del></del>	
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-	954-431-6653			=======================================
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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 <u>NAME</u>

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:

25ma

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

***********	**********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a	
Evalue I Waster	6/8/04
Signature/Registered Agent	Date
Evadue Intalles	6/8/04
Signature/Incorporator	Date