

P04000123370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

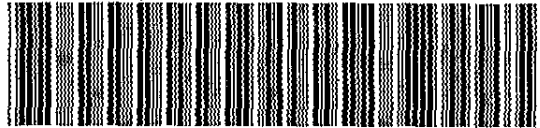
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG 26 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

09-8/26

TRANSMITTAL LETTER

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

SUBJECT: VISTOW SATELLITE, 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
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 COPY REQUIRED

FROM: MARK Ebbohimen
Name (Printed or typed)

P.O. Box 571048
Address

Orlando, Fl. 32857-1048
City, State & Zip

(407) 491-8791
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:

VISION SATELLITE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3701 N. John Young Pkwy. #103
ORlando, FL. 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SATELLITE SALES

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):

MARK Ebbohimen 5710 Five Flags Blvd. Apt. 2070
(President) ORlando, FL. 32822

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

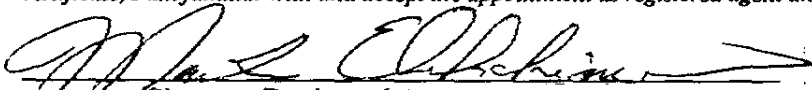
mark Ebbohimen 5710 Five Flags Blvd. Apt. 2070
ORlando, FL. 32822

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

MARK Ebbohimen 5710 Five Flags Blvd. Apt. 2070
ORlando, FL. 32822

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

8/20/04
Date


Signature/Incorporator

8/20/04
Date

MARK Ebbohimen

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04 AUG 26 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA