

P04000148717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

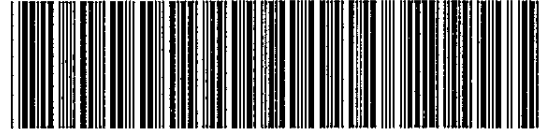
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300041516653

10/28/14--01051--005 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
04 OCT 28 PM 1:02

*Handwritten signature*

TRANSMITTAL LETTER

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

SUBJECT: Virtual Imaging Solutions, 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: Pamela Toner  
Virtual Imaging Solutions, Inc.  
Name (Printed or typed)

4205 Saltwater Blvd.  
Address

Tampa, Florida 33615  
City, State & Zip

(813) 598-8702  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 28 PM 1:02

**ARTICLE I NAME**

The name of the corporation shall be:

*Virtual Imaging Solutions, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*4205 Saltwater Blvd.  
Tampa, Florida 33615*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Provide 3D animated presentations.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*100..TOTAL | Pamela Toner...51 shares  
John Toner...49 shares*

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

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

*Pamela Toner, President  
John Toner, Vice President  
Stephen J. Toner, ~~Vice President~~ Chairman*

**ARTICLE VI REGISTERED AGENT**

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

*Pamela Toner  
4205 Saltwater Blvd.  
Tampa, Florida 33615*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Pamela Toner  
4205 Saltwater Blvd.  
Tampa, Florida 33615*

\*\*\*\*\*  
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

*Pamela Toner*  
\_\_\_\_\_  
Signature/Registered Agent

*10-25-04*  
\_\_\_\_\_  
Date

*Pamela Toner*  
\_\_\_\_\_  
Signature/Incorporator

*10-25-04*  
\_\_\_\_\_  
Date