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# TRANSMITTAL LETTER

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

SUBJECT: Vanish	ningPoint, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
•	· · · · · · · · · · · · · · · · · · ·		
\$70.00	<b>2</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		1,55	Status
		ADDITIONAL CO	PY REQUIRED
FROM: Jo	ohn Hoagland		
	Name	(Printed or typed)	
	5671 Berwood Dr		<del></del>
		Address	
	Orlando, FL 32810		
	City	, State & Zip	_
			•
	407-253-6163		
	Daytime	Talanhana numbar	

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:

VanishingPoint, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5671 Berwood Dr Orlando, FL 32810



### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell computer-generated models and artwork, design websites, and consulting; and to engage in any other lawful purpose and business.

### ARTICLE IV SHARES

The number of shares of stock is:

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

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

John Hoagland, President 5671 Berwood Dr Orlando, FL 32810

#### ARTICLE VI REGISTERED AGENT

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

John Hoagland 5671 Berwood Dr Orlando, FL 32810

EFFECTIVE DATE

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Hoagland 5671 Berwood Dr Orlando, FL 32810

# ARTICLE VIII EFFECTIVE DATE

Effective date of incorporation: