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| PICK-UP WAIT MAIL | - | | | | |
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| Certified Copies Certificates of Status | + | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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TRANSMITTAL LETTER

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

| SUBJECT: Vision F | Realty, Tri-County Inc. | | | 7. × |
|----------------------|--------------------------|--------------|---------------------------|---------------------------------------|
| | (PROPOSED CO | ORPORAT | E NAME - MUSTINGE | DE SUFFIX) |
| | | | | |
| Enclosed are an orig | inal and one (1) copy of | the artic | eles of incorporation and | a check for: |
| □ \$70.00 | \$78.75 | | 578.75 | 2 \$87.50 |
| Filing Fee | Filing Fee | i | Filing Fee | Filing Fee, |
| g | & Certificate of Sta | tis | & Certified Copy | Certified Copy |
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| | | | | Status |
| | | | ADDITIONAL CO | PY REQUIRED |
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| FROM: Ga | yle B. Lovelace | Name | (Printed or typed) | |
| | | Name | (1 timed of typed) | |
| | PO Box 87 | 1 | | |
| | PO BOX 67 | | Address | , , |
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| | C | } | | |
| | Suwannee, FI 32692 | City. | State & Zip | |
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| | 352-542-7729 | | | |
| | 33E-07E-1 (Ed | Daytime T | elephone number | · · · · · · · · · · · · · · · · · · · |
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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 *NAME*

The name of the corporation shall be:

Vision Realty, Tri-County Inc.

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SECRETAKY UF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 87

Suwannee, Fl 32692

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business recognized in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock

INITIAL OFFICERS AND/OR DIRECTORS

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

Gayle B Lovelace, Pres PO Box 87 Suwannee, FI 32692

ARTICLE VI REGISTERED AGENT

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

Gayle B Lovelace 133 SE 252nd Street Suwannee, Fl 32692

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gayle B Lovelace, Pres PO Box 87 Suwannee, Fl 32692

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