

PO6000012704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

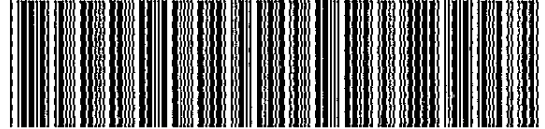
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

TRANSMITTAL LETTER

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

SUBJECT: VIS SERVICES CORP
(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: ISABEL GIRALDO
Name (Printed or typed)

1523 PALERMO DRIVE
Address

WESTON FLORIDA 33327
City, State & Zip

54-385-1348
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:

VIS SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1523 PALERMO DRIVE
WESTON, FLORIDA 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ISABEL GIRALDO (PRESIDENT)
1523 PALERMO DRIVE
WESTON, FLORIDA 33327

ARTICLE VI REGISTERED AGENT

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

ISABEL GIRALDO
1523 PALERMO DRIVE
WESTON, FLORIDA 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ISABEL GIRALDO
1523 PALERMO DRIVE
WESTON, FLORIDA 33327

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

Isabel Giraldo
Signature/Registered Agent

1/19/06
Date

Isabel Giraldo
Signature/Incorporator

1/19/06
Date

FILED
06 JAN 23 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA