# P0600030372

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# **COVER LETTER**

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

SUBJECT: Invision Pharmaceuticals Ir	nc.	
(PROPOSED CORPOR	RATÉ NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the a	rticles of incorporation and	l a check for:
S70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: Invision Pharmaceuticals In	c.	
Nan	ne (Printed or typed)	
4121 S.W. 34th Street	Address	
Orlando, FL 32811	X X N	
Cit	ty, State & Zip	
407-999-2225		
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)

# NAME

The name of the corporation shall be:

Invision Pharmaceuticals Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4121 S.W. 34th Street, Orlando, FL 32811

# ARTICLE III

The purpose for which the corporation is organized is:

Any and all lawful business

# ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William P. Kennedy, President 4121 S.W. 34th Street, Orlando, FL 32811

### REGISTERED AGENT ARTICLE VI

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

William P. Kennedy 4121 S.W. 34th Street Orlando, FL 32811

### **INCORPORATOR** ARTICLE VII

The name and address of the Incorporator is:

William P. Kennedy 4121 S.W. 34th Street Orlando, FL 32811

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

Signature/Incorporator

Date