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SECULIARY OF STATE

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COVER LETTER

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

SUBJECT: NEW VISION ENTERPRISES, USA. INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 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: MO	OSTAFA BEN RATY Name	(Printed or typed)	
<u>-</u>	8424 WILLOW TREE CT	Address	
-	ORLANDO FLORIDA 328	336 State & Zip	 .
· .	(407) 435-4557		
	Daytime I	elephone 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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

NEW VISION ENTERPRISES, USA. INC

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8424 WILLOW TREE CT ORLANDO FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPEN

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):

MOSTAFA BENRATY 8424 WILLOW TREE CT ORLANDO FL 32836

ARTICLE VI REGISTERED AGENT

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

LOTFI ALAOUI BELGHITI 3501 W VINE STREET 351 KISSIMMEE FL 34741

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MOSTAFA BENRATY 8424 WILLOW TREE CT ORLANDO FL 32836

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

06/22/2006

Date