

P06000116408

(Re	equestor's Name)			
		•		
(Ad	ldress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	<u>.</u>		
(City/State/Zip/Priorie #)				
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(100	cument Number)			
Certified Copies Certificates of Status		s of Status		
Special Instructions to	Filing Officer:			
1				
,		!		

Office Use Only



100079009201

08/23/06--01013--011 **78.75

)6 AUG 23 AM IO: 20 SECRETARY OF STATE

J. Ethiers AUG 2. A. 2016.



COVER LETTER

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

SUBJECT: Vision	Solutions Network, Inc.	FE NAME - MUCE INCL	HDE CHEELY)		
	(PROPOSED CORPORAT	IE NAME – <u>MUST INCL</u>	ODE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	l 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 of Status PY REQUIRED		
FROM: Da	aniel L. Clark, CPA		SECRETAI TALLAHAS	06 AUG 23	<u></u>
Name (Printed or typed)			SY C		FILED
605 BELVEDERE RD. SUITE 6 Address); STATE	AH 10: 20	Ū	
	WEST PALM BEACH, FL 33	3405			
•	City,	State & Zip			
ı	561 820-0210				

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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 Solutions Network, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5654 Baywater Drive Tampa. FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful enterprise.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Hanley 5654 Baywater Drive Tampa, FL 33615

ARTICLE VI REGISTERED AGENT

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

Michael Hanley 5654 Baywater Drive Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Hanley 5654 Baywater Drive Tampa, FL 33615

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

Milal H. Signature/Registered Agent

Milal H. Date

Milal H. Signature/Incorporator

Signature/Incorporator

Date

06 AUG 23 AM IO: 20 SECRETARY OF STATE TALL AHASSEE, FLURIDA

FILED



COVER LETTER

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

SUBJECT: Visio	on Solutions Network, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an ori	ginal and one (1) copy of the artic	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 C & Certifica Status PPY REQUIRE	opy te of		
FROM: D	aniel L. Clark, CPA			SECRETAS ALLAHAS	06 AUG 23	FILED
Name (Printed or typed)				338		111
605 BELVEDERE RD. SUITE 6 Address			 	OF STATE	AM 10: 20	D
	WEST PALM BEACH, FL 33	3405 State & Zip		<u> </u>		
	561 820-9219	elephone number		,		
	Dayinic 1	erephone number				

NOTE: Please provide the original and one copy of the articles.