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Office Use Only



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# **COVER LETTER**

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

SUBJECT: Visions Contracting, Inc.		
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Michele Kerr, In Balance		
Name	(Printed or typed)	
2154 Trade Center Way,	#2	
	Address	
Naples, FL 34109		
City	, State & Zip	
239-598-5002		
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

Visions Contracting, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business-mailing address is:

1120 LaSalina Court Punta Gorda, FL 33950

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful purpose

#### 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);

Travis Moss. President 1120 LaSalina Court Punta Gorda, FL 33950

#### ARTICLE VI REGISTERED AGENT

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

Travis Moss 1120 LaSalina Court Punta Gorda, FL 33950

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Travis Moss 1120 LaSalina Court Punta Gorda, FL 33950

Signature Registered Agent

Jun flus

9/7/07

Date

9/7/07

Date

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SECRETARY OF STATE
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