P07000128366

(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
KIMI EST



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11/02/07--01034--004 **78.75



COVER LETTER

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

SUBJECT:	Spectrum L (PROPOSED CORPOR)	ISIONS INCL ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the ar \$78.75 Filing Fee	\$78.75 Filing Fee	a check for: 7.50 Filing Fee,
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Edward Wa	(Printed or typed)	

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

561-676-7132 Daytime Telephone number



RECEIVED

FLORIDA DEPARTMENT OF STATE 07 DEC -3 AM 8: 00

Division of Corporations

ILLISION OF CORPORATIONS

November 16, 2007

EDWARD WATTERS 3543 S.W. COCO PALM DR. PALM CITY, FL 34990

SUBJECT: SPECTRUM VISIONS INC.

Ref. Number: W07000054575

We have received your document for SPECTRUM VISIONS INC.. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) VI and VII. Must list name of registered agent and incorporator.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II New Filing Section

Letter Number: 007A00064396

ARTICLE I	NAME Lucione Inc
The name of the co	orporation shall be: Spectrum Visions Inc
	V
i.	
ARTICLE II	PRINCIPAL OFFICE
	e of business/mailing address is: 3543 S-W. Coco Palm DR.
	$O \setminus C = C \setminus C$
	Palm City, F1. 34990
ARTICLE III	PURPOSE TO LOSET Installation
The purpose for v	PURPOSE which the corporation is organized is: MITTOT + Closet Installation
ARTICLE IV	SHARES ares of stock is: OO Show SHARES SHARES
The number of sha	ires of stock is:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS
List name(s), addi	SHARES ares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ress(es) and specific title(s):
Edward	Watters President
75/12	S.W. Coco Palm Dr.
	ty, F1. 34990
	REGISTERED AGENT
The name and Flo	orida street address (P.O. Box NOT acceptable) of the registered agent is:
C	3543 CW (000 Palm Da (1. 11) otto-c
-same	3543 S.W Coco Palm DR. Edward Watters
	3543 S.W Coco Palm DR. Edward Watters Palm City, Fl. 34990
ARTICLE VII	INCORPORATOR
The <u>name and ad</u>	dress of the Incorporator is:
Camala	3543 S.W Coco Palm Dr. Edward Watters
Suma	3543 S.W Coeo Palm Dr. Edward Watters Polm City, F1. 34990
	100m (cag) 1 1 54990

	is registered agent to accept service of process for the above stated corporation at the place designated in this iar with and accept the appointment as registered agent and agree to act in this capacity
	/ / /.
Zh	watten 10/30/07
Signatur	re/Registered Agent Date
411	J / 1
Signatur	watters 10/30/07 re/Incorporator Date
S.B.iatu	, Date

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)