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COVER LETTER

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

SUBJECT:/\	VISIAN, INC. (PROPOSED CORPORA)			
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
.				
Enclosed are an orig	ginal and one (1) copy of the artic	tles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PI REQUIRED	
		•		
FROM:	Ian Jones	Printed or typed)		
	Name (Printed or typed)		
1700 Jake St Apt 216				
	Orlando, FL 3281-City,	State & Zip		
	407-770-9505			
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: IVISIAN, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 1700 Jake Street
Unit 216
Orlando, FL 32814

ARTICLE III PURPOSE

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):

Director: Ian Jones



ARTICLE VI REGISTERED AGENT

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

lan Jones 1700 Jake St Unitall Orlando, Fl 32814

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

1an Jones

1700 Jake St Unit 216

orland of FL 32814

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

Pate 1

Date/