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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nar	ne) : · · ·
(Do	ocument Number)	
Certified Copies	Certificates	s of Status <u>· </u>
Special instructions to	Filing Officer:	
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	Office Use On	lv



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SECKETÄRY OF STATE

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COVER LETTER

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

SUBJECT:	From Vision To Reality, Inc.			
	(PROPOSED CORPOR	ATE NAME - MUST INCE		
\$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	
FROM:	David J. I Name 194 SW M	(Printed or typed)		
		City, FL 32024 , State & Zip	12440	
		-410-7168 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:

From Vision To Reality, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

194 SW Meridith Ln. Lake City, FL 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David J. Mate 194 SW Meridith Ln. Lake City, FL 32024 President/Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

David J. Mate 194 SW Meridith Ln. Lake City, FL 32024

ARTICLE VII INCORPORATOR

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

ignature/Registered Agent

ignature/Incorporator

David J. Mate 194 SW Meridith Ln. Lake City, FL 32024

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

05 Avg 09
Date

05 Avg 09
Plate

2009 AUG -7 PN 4: 3
SECRETARY OF STATE
TALL AHASSEF FLORID