

P09000069279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

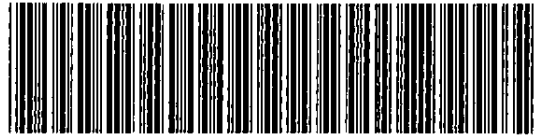
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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

W09000035795

nca
8-18-09

COVER LETTER

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

SUBJECT: Visual Thrillz, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Vernon Fletcher
Name (Printed or typed)

8937 NW 45th ct
Address

Coral Springs, Fl 33065
City, State & Zip

954-258-8112
Daytime Telephone number

vernonfletcher@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

VERNON FLETCHER
8937 NW 45TH CT
CORAL SPRINGS, FL 33065

SUBJECT: VISUAL THRILLZ, INC.
Ref. Number: W09000035795

We have received your document for VISUAL THRILLZ, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6869.

Christine Haney
OPS Clerk
New Filing Section

Letter Number: 909A00026979

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DEPARTMENT OF STATE
09 AUG 17 PM 4:09

copy of this letter. You will be notified by mail if your document is not filed. Please return the corrected original and one copy of your document to the Division of Corporations, Department of State, 1000 North G Street, Tallahassee, Florida 32314. If you have any questions, please call (850) 245-6869.

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: Visual Thrillz, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8937 NW 45th Ct. Coral Springs, FL 33065

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:

~~None~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vernon Fletcher 8937 NW 45th Ct Coral Springs, FL 33065, President

ARTICLE VI REGISTERED AGENT

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

Vernon Fletcher 8937 NW 45th Ct Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vernon Fletcher 8937 NW 45th Ct Coral Springs, FL 33065

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

7/27/2009

Date

7/27/2009

Date

RECORDED
FILED
CLERK OF CIRCUIT COURT
JULY 27 2009

09 AUG 17 AM 11:24

FILED