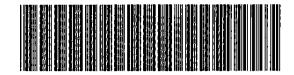
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(Requestor	's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business	Entity Name)				
(Document Number)					
Certified Copies C	ertificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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78.75 CC

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SECRETARY DESTAIL

One calculu

December 14, 2011

Re: Elite Visions Network LLC

To whom it may concern,

There will be no intention of revoking the dissolution of Elite Visions Network LLC.

Sincerely

Kella Maanster

Registered Agent

11 DEC 13 PH 12: 14

COVER LETTER

Division of C			
SUBJECT: Elite V	isions Network, Inc.		
		esulting Florida Profit Cor	poration
		-	, and fees are submitted to convert an cordance with s. 607.1115, F.S.
Please return all com	espondence concernin	g this matter to:	
Kella Maanster			
	Contact Person		
D.P.O., Inc.			
	Firm/Company		
3600 S. State Rd. 7	7 Suite 305		
	Address		
Miramar, FL 3302	3		
	City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
kella@onebox.co	be used for future annual r	eport notification)	
For further informati	on concerning this ma	tter, please call:	
Kella Maanster		•	0000
Name of Cor	ntact Person	—"· \————/	-8980 me Telephone Number
Enclosed is a check t	for the following amou	nt:	
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	☑\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27
Tallahassee, FL 323	01	ŕ	

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

ARTICLE I The name of the co	NAME	sions Network,Inc	
		pions inetwork, inc	' •
ARTICLE II	PRINCIPAL OFFICE		1100 1
5131 CIA	Principal <u>street</u> address V 22nd Street	Mailing address, if o	different is:
	v 22nd Street c, FL 33023	5131 SW 22nd Street West Park, FL 33023	
- West Fan	(FE 33023	77031 BIR, 1 E 35025	 -
	<u>PURPOSE</u>		
i ne purpose for w	hich the corporation is organized is:		
ARTICLE IV The number of sha	SHARES	AWFULL BUS	INESS
THE HUMBER OF SHA	res of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DI		
	tle: LASSIE TOWNS / P. VP.	Name and Title: MICHEAL TOWNS / S. TR	
Address:	5131 SW 22ND STREET	Address: 5131 SW 22ND STREET	<u> </u>
	WEST PARK, FLORIDA	WEST PARK, FLORIDA	
			
Name and Ti	tle: N/A	Name and Title: N/A	
Address:		Address:	
) I (m)	C.1	and the second	
Name and Ti	tle: N/A		
Address:		Address:	
			 ₹
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acce	eptable) of the registered agent is:	7 4 <u>2</u> 7
Name:	KELLA MAANSTER	<u> </u>	ω α Σ Ε
Address:	3600 S. STATE RD. 7 SUITE 305		
	MIRAMAR, FL 33023		₹ 9 0
APTICI E VIII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	KELLA MAANSTER		a
Address:	3600 S STATE RD. 7. SUITE 305		
	MIRAMAR, FL 33023		
			
Having been name	ed as registered agent to accept service of	of process for the above stated corporation at a	the place designated in
this certificate, I ar	n familiar with and accept the appointm	ent as registered agent and agree to act in this o	capacity
14/11	111. 187		
	4/11/11/4		
Requi	red Signature/Registered Agent	Date	
submit this docu	ment and affirm that the facts stated he	erein are true. I am aware that any false info	rmation submitted in a
uocument to the Pe	epartment of State constitutes a third deg	ree felony as provided for in s.817.155, F.S.	
## ## ## ## ## ## ## ## ## ## ## ## ##	1 1-4-1-	12/12/12/1	
_ [V/1/1/4		
/ // Require	ed Signature/incorporator	Date	