

P 1200 0005230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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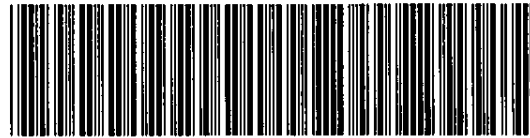
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2012

COVER LETTER

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

SUBJECT: VIS TRANSPORT 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 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 COPY REQUIRED

FROM: TZONKA GADJOKOVA

Name (Printed or typed)

3539 CHINABERRY LN

Address

SARASOTA, FL, 34235

City, State & Zip

941 586 5542

Daytime Telephone number

vistransport77@gmail.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME VIS TRANSPORT INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3539 CHINABERRY LN
SARASOTA, FL 34235

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to conduct any and all lawful business for which corporations can be organized pursuant to its statute, including but not limited to transportation of goods, transportation services and any other related activities in the transportation industry.

ARTICLE IV SHARES

The number of shares of stock is: 1 000 000 share at \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>TZONKA GADJOKOVA-MANAGER</u>	Name and Title: _____
Address: <u>2640 MAN OF WAR CIR</u>	Address: _____
<u>SARASOTA, FL 34240</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: TZONKA GADJOKOVA
Address: 2640 MAN OF WAR CIR
SARASOTA, FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TZONKA GADJOKOVA
Address: 2640 MAN OF WAR CIR
SARASOTA, FL 34240

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

Tzonka Gadjokova

Required Signature/Registered Agent

01-10-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tzonka Gadjokova

Required Signature/Incorporator

01-10-2012

Date

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