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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VOID PRO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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12 JUN 14 2012

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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:

VOID PRO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

890 E CHERRY STREET #202

JESUP, GEORGIA 31546

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT

SHAWNLEE VOID

890 E CHERRY STREET #202

JESUP, GEORGIA 31546

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PAGE 2 VOID PRO, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SHAWNLEE VOID
5205 DUGDALE ROAD
JACKSONVILLE, FLORIDA 32210

ARTICLE VII INCORPORATOR

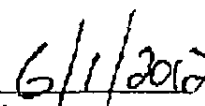
The name and Florida street address of the incorporator is:


SHAWNLEE VOID
890 E CHERRY STREET #202
JESUP, GEORGIA 31546

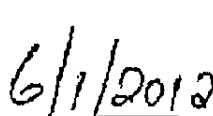
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


SHAWNLEE VOID / Registered Agent


Date


SHAWNLEE VOID / Incorporator


Date

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