

P12088862369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

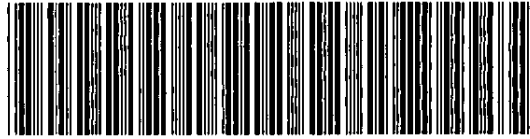
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/16/12--01014--008 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 16 PM 1:02

FILED

MRS
7/17/12

COVER LETTER

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

SUBJECT: VuePort, 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

<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: Melissa Dobson

Name (Printed or typed)

11202 90th Terrace

Address

Seminole, Florida 33772

City, State & Zip

727-398-1139

Daytime Telephone number

melissaad@gmail.com

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

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)

FILED
12 JUL 16 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME VuePort, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
11202 90th Terrace
Seminole, FL 33772

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

to engage in the transaction of any and all business permitted under the laws of the United States of America and this state.

ARTICLE IV SHARES
The number of shares of stock is: 7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa A Dobson, President
Address: 11202 90th Terrace
Seminole, FL 33772

Name and Title: _____
Address: _____

Name and Title: Richard K Dobson, Secretary
Address: 11202 90th Terrace
Seminole, FL 33772

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

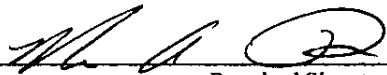
Name: Melissa A Dobson
Address: 11202 90th Terrace
Seminole, FL 33772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa A Dobson
Address: 11202 90th Terrace
Seminole, FL 33772

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



Required Signature/Registered Agent

July 11, 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.



Required Signature/Incorporator

July 11, 2012

Date