

P13000055423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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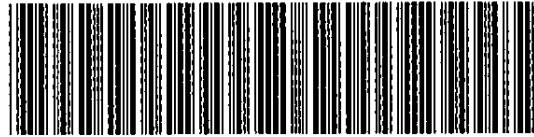
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 28 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 706062 4305628

AUTHORIZATION :

COST LIMIT : \$ 70.00

W. A. Deane

ORDER DATE : June 27, 2013

ORDER TIME : 3:53 PM

ORDER NO. : 706062-005

CUSTOMER NO: 4305628

DOMESTIC FILING

NAME: VSN TECHNOLOGIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF**

VSN TECHNOLOGIES, INC.

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I-NAME:

The name of the corporation shall be: VSN TECHNOLOGIES, INC.

ARTICLE II-PRINCIPAL OFFICE:

Principal Street Address

Mailing Address, if different

10 Collyer Quay #10-01
Ocean Financial Centre
Singapore 049315

N/A

ARTICLE III-PURPOSE: Any and all purposes for which a corporation may be organized in the State of Florida.

ARTICLE IV-SHARES:

The number of shares of stock is: 1,000,000

ARTICLE V-REGISTERED AGENT:

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

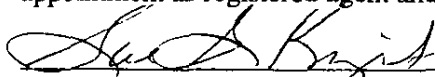
Name: Corporation Service Company
Address: 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator is:

Name: Mary L. Page, Paralegal
Address: c/o Schnader, 1600 Market Street, Suite 3600, Philadelphia, PA 19103

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 of Registered Agent

Sue G. Knight
Assistant Vice President

6-27-13
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.



Signature of Incorporator

6/27/2013
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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