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COVER LETTER

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

SUBJECT: DEJA VU ONE INC.				
(PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Filing Fee, & Certificate of Status & Certified Copy & Certificate of Status				
ADDITIONAL COPY REQUIRED				
FROM: ROSER MILLER Name (Printed or typed) RR3 POLPHIN OVE COURT				
Address				
BONITA SPRINGS FL. 3413L				
239 - 917 - 8099 Daytime Telephone number				
creative accounting solutions eyahoo. com E-mail address: (to be used for further 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)

The name of the corporation shall be:	· VU ONE INC.
Principal street address	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: LUIS M. J. SA Address: Address:	DIRECTORS (P) LLEGO Name and Title: ZYE CT Address:
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 Name: Address:	acceptable) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address	GALLEGO COVE COURT NGS FL. 84131
Having been named as registered agent to accept set this certificate, I am familiar with and accept the apport	red Agent The above stated corporation at the place designated in this capacity Date
I submit this document and affirm that the facts state document to the Department of State constitutes a thir Required Signature Inco	00000 11-5-12

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

The name of the cor	NAME poration shall be:	VU ONE	INC.
	PRINCIPAL OFFICE Principal street address	-	dress, if different is:
Son!	POLPHIN COVE CO TA SPRINGS FL	04134	
	ich the corporation is organized is		
PR	POFESSIONAL	ENTERTAIN	EK
ARTICLE IV The number of share		NO PAR CE	mmonl
Name and Tit Address:	INITIAL OFFICERS AND/OR DI INITIAL OFFICERS AND/OR DI INITIAL OFFICERS SOUTH OFFICERS AND/OR DI TO THE OFFICERS TO THE OFFICERS	∠ 1	
Name and Tit. Address:	le:	Name and Title: Address:	NAME OF THE PERSON OF THE PERS
Name and Titi Address:	le:	Name and Title:Address:	
	REGISTERED AGENT ida greet address (P.O. Box NOT acc REGISTERED AGENT IDA BOX NOT ACC REGISTERED AGENT REGISTERE	eptable) of the registered agent is:	T
	INCORPORATOR Tess of the Incorporator is: LUIS M. B. RESO DOLPHING BENITA SPICING	GALLEGO FOVE COURT FO FL. 04131	·
Having been named this certificate, I am	d as registered agent to accept service familiar with artifacept the appointment of the sequired Signature/Registered	of process for the above stated corpor nent as registered agent and agree to ac Agent	ration at the place designated in et in this capacity 11 - 5 - 14 Date
I submit this document to the Dep	nent and affirm that the facts stated to partment of State constitutes a third de Required Signature/Incorpor	herein are true. I am aware that the f gree felony as provided for in s.817.15.	false information submitted in a 5, F.S. $ \frac{11 - 5 - 11}{\text{Date}} $