

P16000079059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

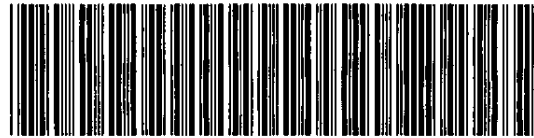
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6016-64050

Office Use Only



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09/09/16--01014--010 \*\*78.75

FILED  
2016 SEP 27 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
SEP 28 2016

## COVER LETTER

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

**SUBJECT:** Visions Graphix 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:** Rony Xavier Atencio Reina

Name (Printed or typed)

1836 Arthur st apt 8

Address

Hollywood Fl 33020

City, State & Zip

786-337-0211

Daytime Telephone number

ronyx22@hotmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2016

RONY XAVIER ATENCION REINA  
1836 ARTHUR ST APT 8  
HOLLYWOOD, FL 33020

SUBJECT: VIZIONS GRAPHICS INC  
Ref. Number: W16000064050

We have received your document for VIZIONS GRAPHICS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00019825

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Vizons Graphics inc.

2016 SEP 27 AM 11:02

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1836 Arthur st. apt 8 Hollywood Florida 33020

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is: FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Vehicle wraps and installation for bussines publicity

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rony Xavier Atencio Reina President

Name and Title: Edward Atencio Reina Vice-presidente

Address 1836 Arthur st. apt 8 Hollywood Florida  
33020

Address: 1836 Arthur st. apt 8 Hollywood Florida  
33020

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2016 SEP 27 AM 11:02

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Edward Leonel Atencio Reina  
Address: 1836 Arthur St. apt 8 Hollywood Florida  
33020

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Rony Xavier Atencio Reina  
Address: 1836 Arthur St. apt 8 Hollywood Florida  
33020

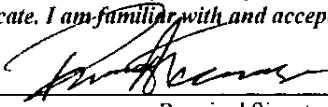
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

\_\_\_\_\_  
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

9-06-2016  
\_\_\_\_\_  
Date