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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	MAIL
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer.	
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T. SUULT



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COVER LETTER

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

SUBJECT:	VVA WHA	W INC	
	(PROPOSED CORF	ORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of th	ne articles of incorporation an	d a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
	·	ADDITIONAL CO	
FROM:	DEFORALL	Name (Printed or typed)	15
· 	1326	CRCLE	DR
	TALLAI	HASSEE F	FL 32301
		310.6331	1
	AUGE	time Telephone number KOOT & AO	1-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)

ARTICLE I NAME The name of the corporation shall be	VVA 2	<u> 140</u>	
ARTICLE II PRINCIPAL OFF Principal SI TAU AHAGE	ICE ree1 address FF FL 22201	Mailing addr	ess, if different is:
ARTICLE III PURPOSE The purpose for which the corporate	on is organized is:	AND SUNB	UFUL USINESS
			18.0
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICE	OO ERS AND/OR DIRECTORS		
Name and Title: Address	BCLRUED	S Name and Title: PAddress:	
Name and Title: DEE		Dame and Title: Standard St	C
Name and Title: DEA	DESIC 26 CIVCLE AM FL	FJS ame and Title:	<i>75</i>

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGEN	TO DO NOT work In a spiritured count in
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	A MESILUEIS
Address: 326 1	CIRCLE DEIVE
tau!	FL 32301
, and the second	
ARTICLE VII INCORPORATOR	
The name and address of the Incorpora	ator is:
Name: PERO	EAH DESILETS
Address: 1326	(IRCUE DR
+21	- FL 32301
ARTICLE VIII <u>EFFECTIVE</u> DATI	
Effective date if other than the date of	filing: (OPTIONAL) e must be specific and cannot be more than five days prior or 90 days after the
filing.)	. Must be specific and cannot be more and a series of the
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	epartment of State's records.
Having been named as registered age	nt 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
	NOV 50 209
l ii	ignature/Registered Agent Date
I submit this document and affirm the	at the facts stated herein are true. I am aware that the false information submitted in a
aocument to the Department of State (constitutes a third degree felony as provided for in s.817.155, Fig.
Required Signature Aucorp	Date Date
require asignature sacoti	