

P19000080938

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Vis Adore 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DHSI INC

Name (Printed or typed)

5781 Lee Blvd Suite 208 Box 236

Address

Lehigh Acres, FL 33971

City, State & Zip

239-908-1312

Daytime Telephone number

info@visadore.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: Vis Adore Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5781 Lee Blvd

Suite 208 Box 236

Lehigh Acres, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DHSI INC -P

Name and Title: _____

Address

5781 Lee Blvd

Address: _____

Suite 208 Box 236

Lehigh Acres, FL 33971

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2019 OCT 29 PM 4:44
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sean Rowland _____

Address: 8042 Silver Birch Way _____

Lehigh Acres, FL 33971 _____

ARTICLE VII INCORPORATOR

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

Name: Sean Rowland _____

Address: 8042 Silver Birch Way _____

Lehigh Acres, FL 33971 _____

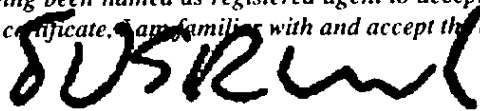
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

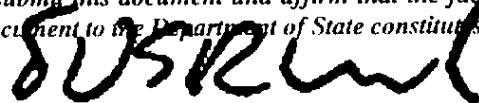


Required Signature/Registered Agent

10/23/2019

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

10/23/2019

Date