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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone

: (800)906-9220

Fax Number

: (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		1
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FLORIDA PROFIT/NON PROFIT CORPORATION VWHJ INC.

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

ARTICLE I NAME The name of the corporat	ion shall be: VW	VHJ INC.		,	
ARTICLE II PRINC	IPAL OFFICE		•		
	Principal street address		Mail	ing address, if different is:	
3040 N OCEAN BLV	D, # 103				
FT. LAUDERDALE	, FL 33308	· · · · · ·			
ARTICLE III PURPO The purpose for which to	<u>OSE</u> he corporation is organized is	s: ANY LA	WPUL PURPOSE		
			•		
					9 99 3
ARTICLE IV SHARE The number of shares of					77 27
	stock is	PECTORS.			臣
	<i>L OFFICERS AND/OR DIR</i> ; SAMANTHA DURAL, PF		Name and Title:	-	: 55
Address	3040 N OCEAN BLVD #10	03	Address:		
	FT. LAUDERDALE, FL 3	33308	_		
Name and Title:			Name and Title:		
Address			Address:		
			_		
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: SAMANTHA DURAL Address: 3040 N OCEAN BLVD #103 FT. LAUDERDALE, FL 33308 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: SAMANTHA DURAL Address: 3040 N OCEAN BLVD #103 FT. LAUDERDALE, FL 33308 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 dash, certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Samantha Dural Required Signature/Registered Agent 1 submit this document and affirm that the facts stated herein are true. I am aware that the false information st document to the Department of State constitutes a third degree felony as provided for in x 817.155, F.S.	Name and Title:			
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