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TRANSMITTAL LETTER

FILED
95 FEB -6 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

700001399477
-02/07/95--01076--011
****131.25 ****131.25

SUBJECT: VALQUIZ PRODUCTION INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: DARRAN CANDLE
Name (printed or typed)

4633 CASCEN COVE DR #1733
Address

ORLANDO FLORIDA 32811
City, State & Zip

(407) 246-1382
Daytime Telephone number

5/10
2/10

Darran GAVE
AUTHORIZATION BY PHONE TO
CORRECT inf III & IV
DATE _____
DOC. EXAM _____

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

ARTICLES OF INCORPORATION

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TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: VALOUR PRODUCTION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8879 W. Colonial Drive
Suite #143
Ocoee, Florida 34761

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DARRAN CAUDLE
8879 W. Colonial Drive
Ste. 143
Ocoee, FL 34761

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DARRAN CAUDLE
4633 CASON COVE DR
#1733
ORLANDO, FL 32811

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

WEDNESDAY day of February 1, 1995.

Darran Caudle
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: VALOUR PRODUCTION INC.

2. The name and address of the registered agent and office is:

DARRAN CAUDLE
(Name)

8879 W. Colonial Dr Suite #143
(P.O. Box not acceptable)

OCFEE, FLORIDA 34761
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Darran Caudle
(Signature)

2/1/95
(Date)