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TRANSMITTAL LETTER

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

500001440585
-03/27/95--01097--004
****131.25 ****131.25

SUBJECT: VISION MANAGEMENT SYSTEMS, 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

Additional Copy Required

FROM:

RUTH H. PERES

Name (printed or typed)

4679 ROTHSCHILD DR.

Address

CORAL SPRINGS, FL. 33065

City, State & Zip

304. 346-2228

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAR 27 12 35 PM

FILED

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

ARTICLES OF INCORPORATION

of

Vision Management Systems, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Vision Management Systems, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Ruth M. Perez		
ADDRESS	4679 Rothschild Dr.		
CITY	Coral Springs	FLORIDA	ZIP 33065

The principal office, if known, or the mailing address of the corporation is:

NAME	Vision Management Systems, Inc.		
ADDRESS	4679 Rothschild Dr.		
CITY	Coral Springs	FLORIDA	ZIP 33065

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Ruth M. Perez		
ADDRESS	4679 Rothschild Dr.		
CITY	Coral Springs	STATE Florida	ZIP 33065
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME Ruth M. Perez		
ADDRESS 4679 Rothschild Dr.		
CITY Coral Springs	STATE Florida	ZIP 33065
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24 th day of March, 19 95.

Ruth M. Perez (Seal)
 _____ (Seal)
 _____ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

Vision Management Systems, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 4679 Rothschild Dr.

Coral Springs, Florida 33065

has named Ruth M. Perez

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Ruth M. Perez
(registered agent)
Ruth M. Perez