

P95000060649

TRANSMITTAL LETTER

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

800001553248
-00004295--01037--011
*****78.75 *****78.75

SUBJECT: NET VISIONS, INC.
(Proposed corporate name - must include suffix)

FILED
1995 AUG -4 PM 11:16
SECRET
TALLAHASSEE, FL 32314

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: ERNEST ORTIZ
Name (printed or typed)

6010 HAMMOCK WOODS DR.
Address

ODESSA, FL 33556
City, State & Zip

813-920-0923
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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:

NET VISIONS, INC

ARTICLE II PRINCIPAL OFFICE

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

*6010 HAMMOCK WOODS DR
ODESSA, FL 33556*

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*ERNEST ORTIZ
6010 HAMMOCK WOODS DR
ODESSA, FL 33556*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

-- ERNEST DUTZ
6010 HAMMOCK WOODS DR.
ODESSA, FL 33556

- INTERNET SALES

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

1st day of August, 19 95

Ernest Dutz
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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

NET VISIONS, INC

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

ERNEST DUBOIS
(NAME)

6010 HAMMOCK WOODS DR
(P O Box or Mail Drop Box NOT ACCEPTABLE)

ODESSA FL 33556
(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.

Ernest Dubois
(SIGNATURE)

8/1/95
(DATE)