

P96000011892

TRANSMITTAL LETTER

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

SUBJECT: VISUAL IMAGINATION Company
(Proposed corporate name - must include suffix)

300001697673
-01/25/96--01032--007
*****70.00 *****70.00

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:

JAMES C. WOOLM
Name (printed or typed)

6979 WINKLER RD. #313
Address

FORT MYERS, FLORIDA 33919
City, State & Zip

(941) 454-7842 (941) 454-7220
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB -6 PM 3:19

FILED

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 30, 1996

JAMES C. WOOLM
6979 WINKLER ROAD #313
FORT MYERS, FL 33919

SUBJECT: VISUAL IMAGINATION
Ref. Number: W9600002232

796-11892

We have received your document for VISUAL IMAGINATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 796A00003949

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
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:

VISUAL IMAGINATION COMPANY

ARTICLE II PRINCIPAL OFFICE

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

6979 WINKLER RD. # 313
FORT MYERS, FLORIDA 33919

ARTICLE III SHARES

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

2000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES C. WOOLM
6979 WINKLER RD. # 313
FORT MYERS, FLORIDA 33919

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):

PATRICIA L. WOOLM, PRESIDENT
6979 WINKLER RD. # 313
FORT MYERS, FLORIDA 33919

JAMES C. WOOLM, EXECUTIVE VICE PRESIDENT
6979 WINKLER RD. # 313
FORT MYERS, FLORIDA 33919

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

23 day of JANUARY, 19 96.

Patricia L. Woolm

Signature

James C. Woolm

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

FILED

96 FEB -6 PM 3:19

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:

VISUAL IMAGINATION COMPANY

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

JAMES C. WOOLM
(NAME)

6979 WINKLER RD #313
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

FORT MYERS, FLORIDA 33919
(CITY/STATE/ZIP)

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.

James C. Woolm
(SIGNATURE)

1/23/96
(DATE)