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

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SUBJECT:	Nu Vision Designs & Co	onstruction. Income include		
	(Floposca w	iporate name - must meruu-	o smria,	
Enclosed is an orig	ginal and one(1) copy of the articles	s of incorporation and a	check for :	_
\$70.00	\$78.75	□\$122.50	\$ 131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FRON				97 NPR 28 PH 3: 03
	Name (Pi	rinted or typed)	(1.) (1.)	0 1
4949-16 Sunbeam Road				لنست بن ١٠٠
Address				超 3
	Jacksonville, Flo	rida 32257		D.
City, State & Zip				
	(904) 443-0006			
Daytime Telephone number				

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

APR 2.9

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida TALLIA, LATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Nu Vision Designs & Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4949-16 Sunbeam Road Jacksonville, Florida 32257

ARTICLE III SHARES

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

One Hundred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Demosthene Pantaras 4949-16 Sunbeam Road Jacksonville, Florida 32257

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Demosthene Pantaras 4949-16 Sunbeam Road

Jacksonville, Florida 32257

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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 appointment as registered agent

Signature/Registered Agent

Date