Tallahassee, FL 32314

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

SUBJECT:	//ZEON HC	porate name - must include		COKAIC
			500002234 -07/10/97(*****78.75	7350 01033-009 *****78.75
Enclosed is an origina	l and one(1) copy of the articles	s 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 CO	DPY REQUIRED]
FROM:	DANIEL F.			-
Name (Printed or typed)				
	924 GOND	OLIER B	LVD	SECRETON O
GULF BREEZE FL 32561 City, State & Zip				FILED STATE OF CORPORATION AM 8:07
	904 93	2 9629		ATE ATIOF
Daytime Telephone number				

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

97 JUL 10 AM 8: 07

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

ARTICLE I NAME

The name of the corporation shall be:

VIZEON HOLDINGS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 15252 PENSACOLA, FL. 32514

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DANIEL F HAYDEN 924 GONDOLIER BLUD GULF BREEZE FL 32561

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

(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 obligations of my position as registered agent

Signature/Registered Afebi 7/6/97
Date