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LETTER OF TRANSMITTAL

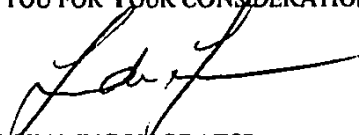
DATE: OCTOBER 7, 1997

TO: THE SECRETARY OF STATE OF FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

PLEASE NOTE THE FOLLOWING ENCLOSED:

- 1) THE ARTICLES OF INCORPORATION FOR VISIONS OF PARADISE, INC.
- 2) CHECK FOR THE FEE OF \$70.00
- 3) PRE - PAID RETURN OF ARTICLES

THANK YOU FOR YOUR CONSIDERATION.



LINDA LOWN, INCORPORATOR

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-10/14/97--01032--013
*****70.00 *****70.00

Linda Lown
6 S. Blackwater La.
Key Largo, #1. 33037

SECRET
TALLAHASSEE, FLORIDA

97 OCT 14 PM 12:58

FILED

Handwritten signature
10/15/97

Articles of Incorporation

1. The name of the corporation shall be: VISIONS OF PARADISE, INC.
2. The purpose for which this corporation is organized is to create and sell objects of art, glass & mirror
3. The principal place of business and mailing address of the corporation is:
82205 Overseas Highway
Islamorada, FL 33036
4. The corporation shall have the authority to issue 10,000 shares of common stock, in one class only, each with a par value of \$ 0.05.
5. The registered agent of the corporation is LINDA LOWN and the registered street address is 82205 Overseas Highway, Islamorada Florida 33036.
6. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Karl Lown 6 S. Blackwater La. Key Largo FL 33037
LINDA LOWN 6 S. Blackwater La. Key Largo FL 33037
The number of directors may be raised or lowered by amendment of the bylaws of 33037 the corporation but shall in no case be less than one.
7. The incorporator of this corporation is LINDA LOWN whose street address is 6 S. Blackwater La. Key Largo, FL 33037

Dated 10.3.97

[Signature]
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 10.3.97

[Signature]
Registered Agent

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FLORIDA