P97000098088

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

000002348810--9 -11/17/97--01089--004 *****78.75 ******78.75

SUBJECT:	VISAGE C	のいろいして不らする I corporate name - must include	INC.	
	(Proposed	I corporate name - must include	e suffix)	
Enclosed is an original	and one(1) copy of the arti	cles of incorporation and a	check for :	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Marc Vers	(Printed or typed)		
	7904 WIL	LOWBIZOOK CT. Address		
	HUDSON, CI	FL. 3466- ty, State & Zip	}	œ.
	(913) 86 Daytim	o3-0183 e Telephone number	EGRETATA ELAHASSI	FILED 7 NOV 17 AM
			EE, FLORIDA	ED 7

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

ne 11/18/97

Articles of Incorporation Visage Consultants, Inc.

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 is Visage Consultants, Inc., hereinafter referred to as the "Corporation."

Article II. Principle Office

The principle place of business will be 7904 Willowbrook Ct., Hudson, FL 34667. The mailing address shall be PO Box 5342, Hudson, FL 34674

Article III. Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 500.

Article IV. Initial Registered Agent And Address

Marc Versley 7904 Willowbrook Ct. Hudson, FL 34667

Article V Incorporator

The Incorporator for these Articles of Incorporation:

Susan Marie Versley 7904 Willowbrook Ct. Hudson, FL 34667

Signature/Incorporator

11/15/47 / Date

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 Agent

Date