

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

000002409970--7 -01/23/98--01025--006 *****78.75 *****78.75

Enclosed is an original and one(1) copy	of the articles	of incorporation	and a check for
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\$70.00	
Filing Fee	

\$78.75 Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Denise Cossom		98	
Name (Printed or typed) 4928 Pine Cluster LN		(- <u> </u> 241	مصد و
Address 210 - 2	YOF ST	3	ΕD
City, State & Zip		+:	

407 - 290 -86 63 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

PRINCIPAL OFFICE

7350 My 14 A
(C) (A) (C)
POX.

ARTICLE I NAME			
ARTICLE I NAME The name of the corporation shall be: Vision	Educational	Enterprise	INC.

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The principal place of business and mailing address of this corporation shall be:	
4928 Pine Cluster Ln	
Orlando, Fla. 32808-	

ARTICLE III SHARES

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

50 Shares

APTICIE II

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

Denise M Cossom 4928 Pine cluster LN Orlando, FIA. 32808

ARTICLE V INCORPORATOR

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

Denise M Cossom 4928 Pine Cluster LN. Orlando, FIA 32508 Date January 10, 1778 Signature/Incorporator January 10, 1778

(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 Agent