TRANSMITTAL LETTER

P98000073827

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

800002621748--1 -08/21/98--01016--016 ******70.00 ******70.00

SUBJECT:	V P LIMITED, INC. (Proposed corporate name - must include suffix)						
Enclosed is an original	and one(1) copy of the artic	ites 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	PY REQUIRED				
FROM:	DAVID GARRIC Name (Printe	CK, JR. ed or typed)					
	1795 E. HWY		<u></u>				
	CLERMONT, F	L 34711	FILED 98 AUG 21 PM 1: 33 SECRETARY OF STATE FALLAHASSEE, FLORID				
	City, Sta		FILED 3 21 PM TARY OF HASSEE, I				
	(352)243-044 Daytime Telep		1: 33 STATE FLORIDA				

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

V P LIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

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

1301 N. JACKS LAKE RD. CLERMONT, FL 34711

ARTICLE III SHARES

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

2,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DAVID GARRICK, JR. 1795 E. HWY 50, STE A CLERMONT, FL 34711 98 AUG 21 PM 1: 33
SECRETARY OF STATE
TALL ANASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID GARRICK, JR.

1795 E. HWY 50, STE A CLERMONT, FL 34711

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the cor	rporation is	V P	LIMITED,	INC.			
2 (7)		1.00		,			
2. The name and addre	ess of the registered age	nt and office is	S :				
-	DAVID G	GARRICK, J	R.		SECRI TALLA	98 AUG 2	
-	1795 E. (P. O. Box or Mail	HWY 50, Drop Box <u>NOT</u>			HASSEE		
-		NT, FL 347 HTY/STATE/ZIP)	11		F STATE , FLORIDA	PM 1: 33	D

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)

8/18/98
(Date)