## P9900004673

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

SUBJECT: VISION INFORMATION TECHNOLOGIES INC.

(Proposed corporate name - must include suffix)

sed is an origin	al and one(1) copy of the artic	les of incorporation and a c	'000027446 -01/15/99011 check for****87.50	0302 *****8
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

FROM: PATIBANDLA KOTESHARA RAO
Name (Printed or typed)

9536, Princeton Bauane blvd, APT# 1010.

Jacksonville, FL-32256,
City, State & Zip

904-233-0099,

904-731-7010

Daytime Telephone number

Jil wai

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

## ARTICLES OF INCORPORATION

The undersigned incorpor	rator, for the purpose of formin	g a corporation under the Florida
	t, hereby adopts the following A	

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:
VISION INFORMATION TECHNOLOGIES
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
9536, princeton square blvd, APT#1010,

ARTICLE III	SHARES
-------------	--------

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Jack sonville, FL-32256.

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

SRINIVASARAO SARIPUDI

9536, princeton square blud #1010 JACKSONVILLE, FL-32256

## ARTICLE V INCORPORATOR

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

PATIBANDLA KOTESWARA RAD 9536, Princeton Square blud, APT#1010, Jackson ville, FL-32256.

Signature/Incorporator

(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

S. Shirima Rom	1/15/99
Signature/Registered Agent	<sup>2</sup> Date