OFFIN CSE ONE: Pocument	23040
LIZARUS CORPORATE FILING SERVICE, INC	
(Requestor's Name) 3320 S.W. 87th AVENUE	
(Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)	3000027959235 -03/05/9901063006
LOCAL REPRESENTATIVE TALLAHASSEE	*****78.75 *****78.75 office use only
CORPORATION NAME(S) & DOCUMEN	T NUMBER(S) (if known):
1 VISION ENTERPR	
(Corporation Name)	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)  Walk in Pick up time 5.00  Mail out Will wait Photo	(Document #)  Certified Copy  Certificate of Status  Certificate of Status  AMENDMENTS  (Document #)  ASECRETARY OF STATE OF STAT
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Profit Amend	nation of R.A., Officer/Director
TYON SOME	e of Registered Agent
, Limited Education	ution/Withdrawal
Other Merge	r dy'
Annual Report Fictitious Name  Name Reservation  CUAI Foreig	d Partnership  VOINO 180 1911 1911 66  strain 1911 1911 1911 1911 1911 1911 1911 19



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 5, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: VISION ENTERPRISES, INC.

Ref. Number: W9900005479

We have received your document for VISION ENTERPRISES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 499A00010403

PECEIVED
99 MAR 12 AM 11: 34
01VISION OF CORPORATION

# ARTICLES OF INCORPORATION

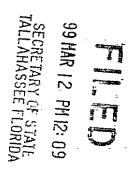
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

# ARTICLE I NAME

The name of the corporation shall be:

INTERNET ONE, INC.

PURPOSE: COMPUTER PROGRAMMER



# ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL ADDRESS

1825 PONCE DE LEON BLVD.

SUITE 472

MIAMI, FL 33134

MAILING ADDRESS

1825 PONCE DE LEON BLVD.

SUITE 414

MIAMI, FL 33134

#### - ARTICLE III SHARES

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

1,000 Shares

\$1.00 par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1.04

GILBERT SAMBOLIN

1825 PONCE DE LEON BLVD.

SUITE 472

MIAMI, FL 33134

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# ARTICLE V INCORPORATOR(S)

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

GILBERT SAMBOLIN
1825 PONCE DE LEON BLVD.
SUITE 472
Miami, F1 33134

CLEMENTE BAENA

1825 PONCE DE LEON BLVD.

SUITE 472

MIAMI, FL 33134

# ARTICLE VI DIRECTOR(S)

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

GILBERT SAMBOLIN
PRESIDENT
1825 PONCE DE LEON BLVD.
SUITE 472
MIAMI, FL 33134

CLEMENTE BAENA
VICE\_PRESIDENT
1825 PONCE DE LEON BLVD.
SUITE 472
MIAMI, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_\_, 19\_99\_.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

he name of the corporation is	: INTERNET ONE, INC.
ne name and address of the r	egistered agent and office is:
GILBEF	RT SAMBOLIN
	(NAME)
· · · · · · · · · · · · · · · · · · ·	NCE DE LEON BLVD. SUITE 47
(P.O. BOX <u>I</u>	NOT ACCEPTABLE)
MIAMI, E	FL 33134
(CIT)	Y/STATE/ZIP)

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\_

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**REGISTERED AGENT FILING FEE: \$35.00**