# P999455844

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

000002805410--4 -03/15/99--01047--003 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	Twisted Vision, Inc.  (Proposed corporate name - must include suffix)		
SUBJECT:			
Enclosed is an origina  \$70.00 Filing Fee	l and one(1) copy of the articles  \$78.75 Filing Fee & Certificate of Status	s of incorporation and a country state of incorporation and a country state of the	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Michael H. Fox Name (Pr	rinted or typed)	
	919 Valley View Circle Address		
	Palm Harbor, FL 34684		
	City, State & Zip		
(727) 443-3997			

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

Daytime Telephone number

DIVISION OF CORPORATION

99 MAR 15 PM 12: 22

3,22

# 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.

## ARTICLE I NAME

The name of the corporation shall be:

Twisted Vision, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

919 Valley View Circle PALM Harbor, FL 34684

# ARTICLE III SHARES

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

1,000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael H. Fox 919 Valley View Circle Palm Harbor, FL 34684

#### ARTICLE V INCORPORATOR

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

Michael H. Fox 919 Valley View Circle Palm Harbor, FL /34684

Signature/Incorporator

3-10-99

Date

(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

Date