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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE FLORIDA  
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FLORIDA PROFIT CORPORATION OR P.A.

VONN FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Bm 3/24/99

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Vonn Financial Services, Inc.

The principal place of business of this corporation shall be:

6630 Fuller Avenue  
Cocoa, FL 32927

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

Prepared by: Nations Business Center, Inc.  
3900 NW 79th Avenue, S-326  
Miami, FL 33166  
(305) 591-9448

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ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The names(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are): Lavonn E Loupe, whom reside at 7273 Carlowe Avenue, Coco, Florida 32927.

ARTICLE VI OF INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are): Lavonn E. Loupe whom resides at 7273 Carlowe Avenue, Coco, Florida 32927.

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 23 day of March 1999

Signature (s) of Incorporator(s)

Lavonn E Loupe  
Lavonn E. Loupe, Incorporator/Director

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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 corporation: Vonn Financial Services, Inc.
2. The name and address of the registered agent and office is:

Lavonn E. Loupe  
6630 Fuller Avenue  
Cocoa, FL 32927

SIGNATURE Lavonn E. Loupe

TITLE: Incorporator/Registered Agent

DATE 3/23/99

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Lavonn E. Loupe

DATE 3/23/99

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