

P99000039957

Manifested Visions  
12003 Marblehead Dr  
Tampa, FL 33626

City/State/Zip

Phone #

Office Use Only

FILED  
99 MAY -3 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Manifested Visions  
(Corporation Name) (Document #)
2. 813-  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

300002833463--6  
-04/08/99--01078--011  
\*\*\*\*131.25 \*\*\*\*\*87.50

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W99-8708



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 13, 1999

WILLIAM A. SMOTHERMAN  
12003 MARBLEHEAD DRIVE  
TAMPA, FL 33626

SUBJECT: MANIFESTED VISIONS  
Ref. Number: W99000008708

We have received your document for MANIFESTED VISIONS and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6924.

Sharon Davis  
Document Specialist Supervisor

Letter Number: 899A00018570

April 22, 1999

Division of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

To whom it may concern,

As per the request of your department, corrections to the Manifested Visions, Inc. incorporation forms have been made and a copy of the filing, the original and the request letter are enclosed.

If you have any questions concerning the filing of these documents, please call me at (813) 275-3815.

Sincerely,

A handwritten signature in dark ink, appearing to read 'William A. Smotherman', with a stylized flourish at the end.

William A. Smotherman  
Chief Financial Officer  
Manifested Visions, Inc.

## 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:

Manifested Visions, Incorporated

### ARTICLE II PRINCIPAL OFFICE

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

12003 Marblehead Drive, Tampa, FL. 33626

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William A. Smotherman

12003 Marblehead Drive, Tampa, FL. 33626

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MAY - 3 AM 8:09  
TALLAHASSEE, 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):**

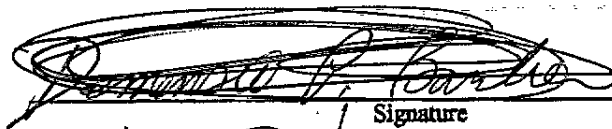
**Demensio P. Barton, Chief Executive Officer  
2608 Fairview Avenue, Seffner FL. 33584  
Owns 50% of Company's Stock**

**William A. Smotherman, Chief Financial Officer  
12003 Marblehead Drive, Tampa, FL. 33626  
Owns 50% of Company's Stock**

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this**

**22 day of March, 19 99.**

**(An additional article must be added if an effective date is requested.)**

  
Signature

**Chief Executive Officer**

  
Signature

**Chief Financial Officer**

\_\_\_\_\_  
Signature

**Notarization is not required**

**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 corporation is Manifested Visions, Incorporated
2. The name and address of the registered agent and office is:

William A. Smotherman  
(NAME)

12003 Marblehead Drive  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, FL. 33626  
(CITY/STATE/ZIP)

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99 MAY -3 AM 8:09  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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)

March 22, 1999  
(DATE)