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TRANSMITTAL LETTER FILED

99 SEP -1 AM 9: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Visible Dimensions Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Steven C. Bair
Name (printed or typed)

9229 Lake Hickory Nut Drive
Address

Winter Garden, FL. 34787
City, State & Zip

407 - 877 - 0094
Daytime Telephone number

FAX - 407)877-4725

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-09/01/99--01068--006
*****78.75 *****78.75

PH 9/8/99 ✓

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

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Visible Dimensions Inc.

ARTICLE II PRINCIPAL OFFICE

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

9229 Lake Hickory Nut Drive
Winter Garden, Fl. 34787

ARTICLE III SHARES

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

100,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Steven C. Bair
9229 Lake Hickory Nut Drive
Winter Garden, Fl. ~~34787X~~ 34787

ARTICLE V INCORPORATOR(S)

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

Steven C. Bair
9229 Lake Hickory Nut Drive
Winter Garden, Fl. 34787

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

30th day of August, 19 99.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

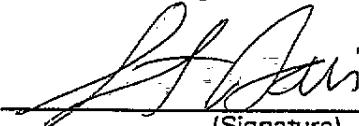
1. The name of the corporation is: Visible Dimensions Inc.

2. The name and address of the registered agent and office is:

Steven C. Bair
(Name)
9229 Lake Hickory Nut Drive
(P.O. Box not acceptable)
Winter Garden, Fl. 34787
(City/State/Zip)

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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)

8-30-99
(Date)