## 

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

		1	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:

Lisa L. Musgrove

Name (Printed or typed)

17730 Meridian Blvd.

Address

Hudson, Florida 34667

City, State & Zip

(727)844-7336

Daytime Telephone number

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

## ARTICLES OF INCORPORATION.

The undersigned incorporator, for the purpose of forming a Business Corporation Act, hereby adopts the following Artic	
ARTICLE I NAME  The name of the corporation shall be: Instructi	cles of Incorporation.  SECRETARY OF STATE  conal Video Concepts, Inc.  SECRETARY OF STATE  CORDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of	this corporation shall be:
5510 River Road Suite #104 New Port Richey, Florida 34652-375 <b>ARTICLE III SHARES</b>	66
The number of shares of stock that this corporation is a	uthorized to have outstanding at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AG The name and Florida street address of the initial regist	ENT AND STREET ADDRESS
Lisa L. Musgrove 17730 Meridian Blvd. Hudson, Florida 34667 ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Ar	· · · · · · · · · · · · · · · · · · ·
17730 Meridian Blvd.	ara R. Ward 015 Roseland Drive w Port Richey, Florida 34652
Charles d	-3-99   -8-11
Signature/Incorporator	Date
Having been named as registered agent and to accept service of particle certificate, I hereby accept the appointment as registered agent	Ided if an effective date is requested.)  process for the above stated corporation at the place designated in this and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the

Date