# PAGOOJO3130

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323		50 SIDC.	-11/18/3901039005 *****70.00 *****70.00	4
SUBJECT:			0 = VISION	-
	(Proposed corpo	rate name - must include suf	fix)	
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 of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Bryan Todd W Name (Pr	Villard inted or typed)		
	1338 Sassafra	s Avenue	99 NOV	- <u></u> `
	Altamonte Spring	5 F/ 327/ State & Zip	ARY OF STATE SSEEF FLORIDA	 <del>-</del> -, -
	(407) 592 - 1100 Daytime Te	elèphone number		-
		By Will	ION BY PHONE TO	-

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

# ICLES 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:

Vizio Enterprises, Inc.

## PRINCIPAL OFFICE ARTICLE II

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

1338 Sossofras Avenue Altamonte Springs, FZ 32714

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

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

Bryan Todd Willard 1338 Sassafras Avenue

Altamonte Springs, FL 32714 V INCORPORATOR

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

Bryan Toold Willard 1338 Sassafras Avenue Altamonte Springs, FL 32714

Signature/Incorporator

(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