

*P01000065737*

TRANSMITTAL LETTER

FILED

01 JUN 29 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

900004383499-4  
-06/08/01-01050-014  
\*\*\*131.25 \*\*\*\*\*87.50

SUBJECT: Specialty Needs And Products, 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 of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Dave Lamarre  
Name (Printed or typed)

6645 Brookhurst Circle  
Address

Lake Worth, Florida 33463  
City, State & Zip

(954) 410-2436  
Daytime Telephone number

*289,335-18,433,125*  
*W01-13456*

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

D. BROWN JUL - 3 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 12, 2001

DAVE LAMARRE  
6645 BROOKHURST CIRCLE  
LAKE WORTH, FL 33463

SUBJECT: SPECIALTY PRODUCTS & SERVICES, INC.  
Ref. Number: W01000013456

We have received your document for *needs & Products, INC.* ~~SPECIALTY PRODUCTS & SERVICES, INC.~~ and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 487-6052.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 201A00036109

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Specialty Needs and Products, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6645 Brookhurst Circle  
Lake Worth, Fl 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resale of goods

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Dave Lamarre  
7824 Sonoma Springs Circle, Apt 309  
Lake Worth, Fl 33463

Jose L. Saavedra  
11875 SW 19 Ln #161  
Miami, Fl 33175

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jose L. Saavedra  
11875 SW 19 Ln. # 161  
Miami, Fl 33175

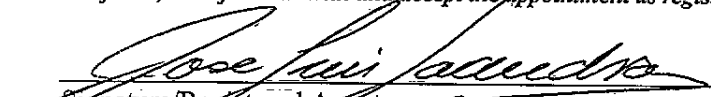
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

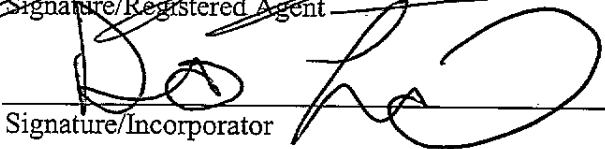
Dave Lamarre  
6645 Brookhurst Circle  
lake Worth, Fl 33463

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

06/28/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06/28/01  
\_\_\_\_\_  
Date