

P03000099171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

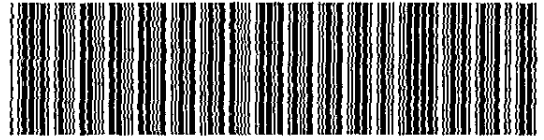
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 SEP -5 AM 4:02  
STATE  
TALLAHASSEE, FLORIDA

CB 9-10

TRANSMITTAL LETTER

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

SUBJECT: Island Time Professional Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Julie L. Castro  
Name (Printed or typed)

147 Tradewinds Circle  
Address

South Daytona, FL 32119  
City, State & Zip

386-761-0087  
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

ISLAND TIME PROFESSIONAL SERVICES, INC.

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03 SEP -5 AM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, acting as incorporator of the professional service corporation ("Corporation") being formed in the State of Florida certifies as follows:

1. **Name.** The name of Corporation is **ISLAND TIME PROFESSIONAL SERVICES, INC.**
2. **Purpose.** Corporation is formed for the following purposes:
  - a. To engage in consulting services related to but not limited to real estate, business management, and accounting services primarily in the State of Florida.
3. **Address.** The mailing address/office of Corporation is to be located at 147 Tradewinds Circle, South Daytona, FL 32119.
4. **Capital Stock.** The aggregate number of common shares that Corporation shall have authority to issue is One Hundred (100) Common Shares, which shares are to have a par value of One Dollar (\$1.00) per share.
5. **Names of Shareholders.** The name, residence, and social security number of the individual who is to be original shareholders, Directors, and officers of Corporations are:

Name: Julie L. Castro  
Address: 147 Tradewinds Circle  
South Daytona, FL 32119

Name: Alturo S. Castro  
Address: 147 Tradewinds Circle  
South Daytona, FL 32119

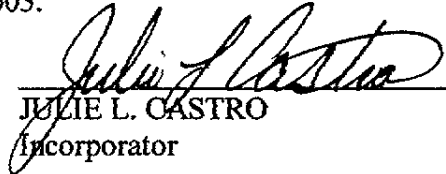
6. **Registered Agent.** The following person is designated as the agent of Corporation upon whom process against it may be served:

Julie L. Castro  
147 Tradewinds Circle  
South Daytona, FL 32119

7. **Incorporator.** The following person(s) is designated as the incorporator(s):

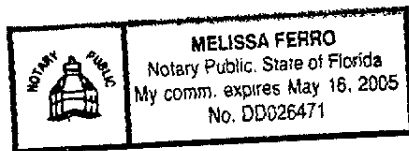
Julie L. Castro  
147 Tradewinds Circle  
South Daytona, FL 32119


IN WITNESS WHEREOF, we have made, subscribed, and acknowledged this Certificate this 29 day of AUG., 2003.

  
\_\_\_\_\_  
JULIE L. CASTRO  
Incorporator

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 29 day of AUG., 2003, by Julie L. Castro, who is personally known by me  or who has produced \_\_\_\_\_ as identification \_\_\_\_\_ and who did not take an oath.



  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE  
Melissa Ferro  
\_\_\_\_\_  
Print Name of Notary Public  
My Commission Expires:

**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept services of process for the above-named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of Chapter 48.091, Florida Statutes, relative to keeping open said office for services of process.

Dated this 29 day of AUG., 2003.

  
\_\_\_\_\_  
Julie L. Castro  
Registered Agent