P05000129828

(Red	questor's Name)		
(Add	iress)		
(Add	dress)		
	_		
(City	//State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
	_		
(Doc	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Mona Hadle	'4 <u>-</u>	Chart	
Abra Hadle	PHONETO	, see .	
ONE 9/21/	Name	இங்கள் அழுந்து	
COC. EXAMBAL	e 42. Kit	chens	
<u> </u>			



600059725466

· 计控制程序 1484 / 1482 - 233530

FILED

05 SEP 20 PM 1: 00

SECRETARY PURSUAL

Office Use Only

9/21/05 BUK DATE 19 Sep 2005

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

Re: - STITO OCQ , Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

A-Stitching (Name of Comporation)

ALLING ADDRESS OF CORPORATION

37 LNSUNCOQS BIVOR

RUSTQ RIVER FL34428

PHONE

PHONE

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

•				
A Stitching of one of continuous of continuo	OCE. Inc	FILED		
(name of cor	poration)	05 SEP 20 PM 1: 00		
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:				
ARTICLE I - CORPORATE NAME				
The name of the corporation is: A Stitching	Piace I	- 10 ,		
	7			
ARTICLE II - I	DURATION			
This corporation shall exist perpetually unless dissolved acce	ording to Florida law.			
ARTICLE III -	PURPOSE			
The corporation is organized for the purpose of engaging in United States and the State of Florida.	any activities or business	permitted under the laws of the		
ARTICLE IV - CA The corporation is authorized to issue	common stock, par value	e\$ <u>n/9</u> per share.		
The street address of the initial principal office and, if different	ent, the mailing address i	s:		
STREET ADDRESS 374N Suncoast B.	vd.			
CITY CAUSTOL RIVER	FLORIDA F2	ZIP 34429		
Mailing address, if different STREET ADDRESS				
STREET TADORESS				
CITY	FLORIDA	ZIP		
ARTICLE VI - INITIAL REGIST				
The street address of the initial registered office and the	e name of the initial re	gistered agent at the office is:		
NAME Nora Hadley				
ADDRESS 374 N. Suncoast Bli	vd			
CITY Crystal River	FLORIDA FL	ZIP 34429		

ARTICLE VII - II	VITIAL BOARD OF DIRECTOR	S
	() directors initially. T By-Laws, but shall never be less th	The number of directors may be
NAME Julie A. Lambert	+	
ADDRESS 3747 E. ARBOR O	Lakes Drive	
CITY - HERNANDO	STATE FL	ZIP3 4442
NAME NORG Hadley		
ADDRESS 8/5 5 CURRY Pt		
CITY/tomosassa	STATE FL	ZIR34448
NAME	_	_
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	
The names and addresses of the incorporators signing the		follows:
NAME TILLIA A LOMBO	1 L	
JOINE IT. O'CHILDER	Lakes Drive	
CITY - HERDOR	STATE C)	ZIP 34442
NAME 1/000 HODEL	SIME PA	211377/24
ADDRESS & S S S S DAD ON DA	<u>, </u>	
CITY - COMOCOCO	STATE P	ZIP.34448
NAME (OTTOSQUE)	SIAIE PL	2110/1/0
ADDRESS		
	Omarry.	77FD
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the day of September	se Articles of Incorporation this	Mineteenin
·	while fam	Sect (Signature)
	_ Uncola	(Signature)
	<u>/</u>	(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

A Stitching Pace.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation.

as indicated in the Articles of Incorporation

has named Fedre A. Lambert and Nong Hadley

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

(Date)