# 06000079056

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
|                         | usiness Entity Nar | ne)         |
| · (Do                   | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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|                         |                    |             |

Office Use Only



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# **COVER LETTER**

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

| SUBJECT: Platinur        | m Angel Retreat,              | Inc.                       |                                       |
|--------------------------|-------------------------------|----------------------------|---------------------------------------|
| <del></del>              | (PROPOSED CORPORA             | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)                           |
|                          |                               |                            |                                       |
|                          |                               |                            |                                       |
| Enclosed are an original | and one (1) copy of the artic | cles of incorporation and  | a check for:                          |
| [                        | 1                             |                            | <b>I</b>                              |
| <b>\$70.00</b>           | ]\$78.75                      | \$78.75                    | \$87.50                               |
|                          | lling Fee                     | Filing Fee                 | Filing Fee,                           |
| · &                      | Certificate of Status         | & Certified Copy           | Certified Copy                        |
|                          |                               | ļ                          | & Certificate of                      |
| •                        |                               | ADDITIONAL CO              | Status                                |
|                          | •                             | ADDITIONAL CO              | PY REQUIRED                           |
|                          |                               |                            | • .                                   |
|                          |                               |                            |                                       |
| Earn                     | net Moode                     |                            |                                       |
| FROM: Earne              | Name                          | (Printed or typed)         |                                       |
|                          | 1 144116                      | (Times of types)           |                                       |
| PO                       | Box 551466                    | 1                          |                                       |
| · · ·                    |                               | Address                    | <del> </del>                          |
| •                        |                               |                            |                                       |
| Jac                      | ksonville, FL. 32255          | 5                          |                                       |
|                          |                               | State & Zip                | · · · · · · · · · · · · · · · · · · · |
|                          | 7100107                       |                            |                                       |
| 904                      | -716-0487                     |                            |                                       |
|                          | Daytime T                     | elephone number            | •                                     |

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

#### ARTICLES OF INCORPORATION

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

FILED

06 JUN -9 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE I NAME

The name of the corporation shall be:

Platinum Angel Retreat, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 551466 Jacksonville, FL. 32255

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Lawful Business

#### ARTICLE IV SHARES

The number of shares of stock is:

500 Shares at \$0.00 Par Value Per Share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Earnest Woods, PO Box 551466 Jacksonville, FL. 32255, Director Eric C Sparrow, PO Box 551466 Jacksonville, FL. 32255, Director Robert A Dunbar, PO Box 551466 Jacksonville, FL. 32255, Director Roderick Thornton, PO Box 551466 Jacksonville, FL. 32255, Director

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Eric C Sparrow 13046 Twin Pines Circle S Jacksonville, FL. 32246

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Eric C Sparrow PO Box 551466 Jacksonville, FL, 32255

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

Signature/Incorporator

6/9/04

Date