## P12000075575

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)	•				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
·					
Special Instructions to Filing Officer:					
· ·					
·					





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09/04/12--01012--029 \*\*78.75

12 SEP -4 PM12: 58

SECRETARY OF STATE



## COVER LETTER

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

SUBJECT: SPIRIT CAPITAL INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)								
Enclosed are an ori	iginal and one (1) copy of the arti							
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	& Certificate Status	e of				
FROM:	Ronald Name	J Atlas (Printed or typed)						
_	1003 Ma	anor Dr Address						
	Wilmette IL City,	60091-1024 State & Zip		<b>12</b> SE	SESH JIVISID			
	847-7 Daytime T	70-0570 elephone number		2 SEP -4 PI	N OF COR			
	E-mail address: (to be used	Daol.com I for future annual report	notification)	PM12: 58	OF STATE OR ATTOMS			

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)

ARTICLE I The name of the cor		SPIRIT CAPITA	L INC	FILED SECRETARY OF STATE DIVISION OF CORPORATION
ARTICLE II	PRINCIPAL OF	PICE	•	
	Principal stree	t address		Mailing address 12 decremus: PH 12: 58
		Blvd	1003	Manor Dr
	So Tower 6 F	33480-7009	Wilm	ette IL 60091-1024
_	Paim Beach FL	33460-7009		
ARTICLE III I				
The purpose for wh	iich the corporation	is organized is:		
for the trans	saction of any a	and all lawful purpos	ses for which a	corporation may be organized
ARTICLE IV The number of share		00		
		ERS AND/OR DIRECTO		
Name and Tit	le: Ronald J A	tlas, President	Name and Title	Lauren D Atlas, Secretary
Address:	3400 S Oce So Tower 6	an Blvd	Address:	3400 S Ocean Blvd
		h FL 33480-7009		So Tower 6 F Palm Beach FL 33480-7009
				e:
Address:			Address:	
	·			
				e:
Address:			Address:	
400000000				
ARTICLE VI I		<u>GENT</u> P.O. Box <b>NOT</b> acceptable)	of the registered ago	ant ice
Name:		tlas. President		THE IS.
Address:		ean Blvd. So Tower		
		h FL 33480-7009	<del></del>	
ARTICLE VII	TATCODDOD A TO	Ð		
The name and addr	INCORPORATO			
Name:	•	tlas President		
Address:		ean Blvd So Tower (	 6 F	
		h FL 33480-7009	<del></del>	
Having been named this certificate, I am	l as registered agen familiar Vith and a	nt to accept service of proceed the appointment as r	ess for the above streegistered agent and	ated corporation at the place designated in agree to act in this capacity
Kener				9/3/12
	Required Sig	nature/Registered Agent	1/21/4/12	Date
I submit this docum	ent and affirm tha	it the facts stated herein a	re true. I am aware	e that the false information submitted in a
aocument to the Dep	pariment of State co	nstitutes a third degree feld	ony as provided for i	n s.817.155, F.S.
/ Carre				9/31/12
· · · · · · · · · · · · · · · · · · ·	Required S	Signature/Incorporator		Date