

TRANSMITTAL LETTER

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

200000007451

SUBJECT: White SANDS GROUP, INC.
(Proposed corporate name - must include suffix)

200003099392--5
-01/14/00--01070--013
*****87.50 *****87.50

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: Thomas Stevens
Name (Printed or typed)

PO Box 1323
Address

Shingle Springs, Ca. 95682-8519
City, State & Zip

(530) 672-0694 / FAX (530) 672-0687
Daytime Telephone number

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

FILED
00 JAN 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-24-00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: White Sands Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8216 Hampshire Drive
Sebring, FL 33870

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1500 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Alan D. Williams
8216 Hampshire Drive
Sebring, FL 33870

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Thomas Stevens
PO BOX 1323
Shingle Springs, CA 95682-8519

Thomas Stevens
Signature/Incorporator

1/12/00
Date

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.

Alan D. Williams
Signature/Registered Agent

1/12/00
Date

FILED
00 JAN 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA