

TRANSMITTAL LETTER

Division of
P.O. Box 6327
Tallahassee, FL 32314

500003172405--2

-03/16/00-01050-011

*****87.50 *****87.50

SUBJECT: Set Your Sites Higher, Inc.
(Proposed corporate name - must include suffix)

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: Krista McClarnon
Name (Printed or typed)

2200 S. Ocean Dr. #111
Address

Hollywood, FL 33019
City, State & Zip

954-270-3165 954-920-2936
Daytime Telephone

FILED
00 MAR 16 PM 2:57
TALLAHASSEE FLORIDA

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

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:

Set Your Sites Higher, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2200 S. Ocean Dr. #111
Hollywood, FL 33019

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Krista McClarnon
2200 S. Ocean Dr. #111
Hollywood, FL 33019

ARTICLE V INCORPORATOR

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

Krista McClarnon
2200 S. Ocean Dr. #111
Hollywood, FL 33019

Krista McClarnon / Krista McClarnon
Signature/Incorporator

March 8th, 2000
Date

(An additional article must be added if an effective date is requested.)

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

Krista McClarnon / Krista McClarnon
Signature/Registered Agent

March 8th, 2000
Date

FILED
00 MAR 16 PM 2:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA