

TRANSMITTAL LETTER

P010000013108

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

800003556178--8  
-01/19/01--01036--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: CON. DEL. INC. L.T.D.  
(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: BRENDA MARRA  
Name (Printed or typed)

P.O. BOX 3221 FLAGLER BCH. FL. 32136  
Address

City, State & Zip

904-460-9186  
Daytime Telephone number

FILED  
2001 FEB -5 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

506  
W01-1639

2/5/01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

**FILED**  
2001 FEB -5 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

January 22, 2001

BRENDA MARRA  
POST OFFICE BOX 221  
FLAGLER BEACH, FL 32136

SUBJECT: CON. DEL. L.T.D. INC.  
Ref. Number: W01000001639

*ATIN.*

*BOBBYE COX*

*PER OUR CONVERSATION (8:25 AM 1-31-01)*

*L.T.D. DOES NOT MEAN LIMITED AND CAN  
BE FILED AS IS.*

We have received your document for CON. DEL. L.T.D. INC.. However, the document has not been filed and is being returned for the following:

*THANK YOU*

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 001A00003517

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:  
CON. DEL. L.T.D. INC.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
P.O.BOX 221  
Flagler Beach, FL 32136

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Service/Hospitality

## ARTICLE IV SHARES

The number if shares of stock is:  
1000 common shares  
0.00 par value

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):  
President - Daniel J. Gretka  
Treasure - Brenda J. Marra

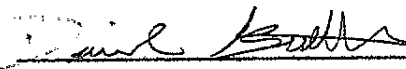

## ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:  
Daniel J. Gretka  
3912 North Ponce Deleon Blvd.  
St. Augustine, Florida 32086

## ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:  
Brenda J. Marra  
P.O. Box 221  
Flagler Beach, FL32136

\*\*\*\*\*  
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

1-11-01  
Date  
1-11-01  
Date