## POIONO TRANSMITTAL LETTER SOLVENITY OF THE POINT OF THE P

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

**SUBJECT:** 

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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			
		ADDITIONAL CO	Status PY REQUIRED			
FROM: Jane H. Sultenfuss Name (Printed or typed)						
5013 W. Azeele Street						
Tamba, Florida 33609						
	City, State & Zip  (813) 286-0451  Daytime Telephone number			F1 01 FEB		
	Daytime Te	ecpnone number	RY OF STAT SEE, FLORIC	7 PM 4: 08		

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

PH 2/07.

•	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
	ARTICLE I NAME  The name of the corporation shall be:  Special Creations	OI FEB -7 PM 4: 08  CIALLAHASSEE, FLORIDA
	ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  5013 W. Azeele Street  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To Sell Medical Jewelry for Cl	hildren
	ARTICLE IV SHARES The number of shares of stock is:	· <u>·</u> :
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s) and address(es):  SO13 W. Azerete St.  Tampa FI 33609	2)
	ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Sold W. Azeek St.  Tank Florida Sole Og  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Sold W. Azeek St.  Sold W. Azeek St.  Sold W. Azeek St.  Sold W. Azeek St.	******
	Having been named as registered agent to accept service of process for the above stated corceptificate, I am familiar with and accept the appointment as registered agent and agree to a Signature/Registered Agent  Signature/Indorporator	poration at the place designated in this