POIOOOSA 63 29 AM S. .

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

SUBJECT:

Sakile, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (Pr 1812 – H	inted or typed) West Tho	arpe St.	
AM 9: 09 LEDGE OF FILING	(850) 383	Staté & Zip -6817 elephone number	304	

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

90 x129 W

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	APPROVED
	AND
ARTICLE I NAME	FLED
The name of the corporation shall be:	OI MAY OF
Sakile, Inc.	01 MAY 29 AM 9: 19
ADDICI E II DDINGIDA GERRO	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	"" "OCE, PLORIDA
The principal place of business/mailing address is: 1812-H West Tharpe St.	· · · · · · · · · · · · · · · · · · ·
Tallahasse, FL 32304	•
ARTICLE III PURPOSE	and the control of th
The purpose for which the corporation is organized is:	
ARTICLE IV SHARES	
The number of shares of stock is:	
·	
	_
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)	/-· · · ·
The name(s) and address(es): Karen Feters. Preside	nt,
The name(s) and address(es): Karen Peters, Presider 1812-H West Tharp	eSt."
1012 A Vest Harp	
Tallahassee, FL 323	304
	•
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	· · · · · ·
The <u>name and Florida street address</u> of the registered agent is:	n Palars
/ W / W	THE TO ST
1812-	4 West Tharpe St.
Tallah	1055el, FL 32304
ARTICLE VII INCORPORATOR	asse, 100201
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	- ·
The name and address of the Incorporator is: Karen Peter	5
1/10-1/11-01	-T1
1812-H West	I harpe St.
**************************************	07 30304
Having been named as registered agent to accept service of process for the above stated co	Ornovation at the place decimated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
Mara Patasa	F-/20/n1
SI WIN I LIVIU	0./24//)/
Signature/Registered Agent	Date/
AUNO LATO	5/20/N,
/WILW (LWV)	7/X7/U/
Signature/Incorporator	Date