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TRANSMITTAL LETTER

FILED
01 JUN 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

Chalice Well Co.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004434958--8
-06/21/01--01035--010
*****78.75 *****78.75

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:

Anna M. Koracs

Name (Printed or typed)

240 KIRTLAND DR.

Address

NAPLES, FL. 34110

City, State & Zip

941-596-6099

Daytime Telephone number

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

6-25-01
WC

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Chalice Well, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

240 KIRTLAND DR
Naples Fl. 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax benefits

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Anna M Kovacs
240 KIRTLAND DR.
Naples, Fl. 34110

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Anna M. Kovacs
240 KIRTLAND DR
Naples Fl. 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anna M. Kovacs
240 KIRTLAND DR.
Naples, Fl. 34110

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

AKovacs
Signature/Registered Agent

6/15/01
Date

AKovacs
Signature/Incorporator

6/15/01
Date