ALEGED 1072

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

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-07/02/01--01117--003 *****70.00 *****70.00

Spongeorama Exhibit Center, Inc. SUBJECT: (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

\$78.75

Filing Fee

Filing Fee & Certificate of Status \$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Nicholas P. Skaroulis
Name (Printed or typed)

po Box 374

Address

Tarpon Springs, FL 34688

City, State & Zip

727 943-9498

Daytime Telephone number

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

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:

Spongeorama Exhibit Center, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 884 Crestridge Circle Tarpon Springs, FL 34688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

One thousand five hundred (1,500) shares

<u>ARTICLE V INITIAL OFFICERS DIRECTORS (optional)</u>
The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Nicholas P. Skaroulis 884 Crestridge Circle Tarpon Springs, FL 34688 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nicholas P. Skaroulis 884 Crestridge Circle Tarpon Springs, FL 34688

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 Agen

Signature/Incorporator

Date

19 20 100 Days