

7018000068758

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

FILED  
01 JUL 20 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

SUBJECT: SNDPPR, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004467031--2

-07/10/01--01037--001  
\*\*\*\*\*78.57 \*\*\*\*\*78.57

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: Elizabeth Murrhee  
Name (Printed or typed)

P. O. Box 1783  
Address

Keystone Heights, FL 32656  
City, State & Zip

(352) 473-6751  
Daytime Telephone number

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

7-12-01  
WC

**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:

SNDPPR, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Post Office Box 1783  
Keystone Heights, FL 32656

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation; for profit

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Elizabeth Murrhee-President, Secretary  
P.O. Box 1783  
Keystone Heights, FL 32656

Paula Schmotzer, V.P., Treasurer  
6781 Bedford Lake Road, Keystone Heights, FL 32656

**ARTICLE VI REGISTERED AGENT**

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

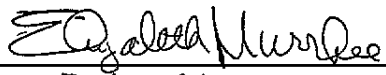
Elizabeth Murrhee  
P.O. Box 1783 (8046 S.R. 100)  
Keystone Heights, FL 32656

**ARTICLE VII INCORPORATOR**

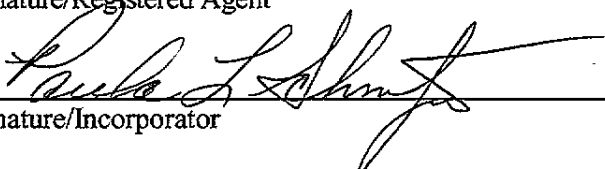
The name and address of the Incorporator is:

Elizabeth Murrhee  
P.O. Box 1783  
Keystone Heights, FL 32656

\*\*\*\*\*  
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

7-9-01  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-9-01  
Date

FILED  
01 JUL 10 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA