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01 SEP 13 AM 10: 36

SECRETARIO STATE TALLAHASSEE, FLORIDA

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

600004587596--4 -09/13/01--01075--003 *****78.75 *****78.75

SUBJECT: Ericson Palms Plus 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Douglas Ericson	
Name (Printed or typed)	
4305.S.W. Ranchwood St	
Address	
·	
0.1 011 -	
Palm City F1 34990 City, State & Zip	
J'City, State & Zip	
561-220-1612	
Daytime Telephone number	
Daytille Telephone number	

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida
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Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

ERICSON PALMS PLUS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4305 S.W. Ranchwood St Palm City, F1 34990

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Douglas Ericson 4316 S.W. Ludlam St Palm City, F1 34990

The name and address of the incorporator to these Articles of Incorporation are:

Douglas Ericson 4316 S.W. Ludlum St Palm City, F1 34990

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

9-7-01