

P02000026087

TRANSMITTAL LETTER

FILED  
02 MAR -4 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100005041081--9  
-03/04/02--01079--025  
\*\*\*\*\*79.00 \*\*\*\*\*78.75

SUBJECT:

WINDSAND CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

TREVOR BAILEY

Name (Printed or typed)

4940 OLD WINTER GARDEN RD, SUITE B.

Address

ORLANDO, FL 32811

City, State & Zip

(407) 442-0173

Daytime Telephone number

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

AB 3/1/02

**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: **WINDSAND CORP.**

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**4940 OLD WINTER GARDEN RD. SUITE B.  
ORLANDO, FL 32811**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **FOR PROFIT.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES.**

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

The name(s), address(es) and title(s):

**SAMIYAH BAILEY - 915 WILSON RIDGE DR. # 2012  
ORLANDO, FL 32818** **PRESIDENT.**

**ANNMARIE GARVEY - TREASURER - 2184 MOUNTAIN SPRUCE ST.  
ORLANDO, FL 32818**

**ARTICLE VI REGISTERED AGENT**

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

**TREVOR BAILEY - 4940 OLD WINTER GARDEN RD # B.  
ORLANDO, FL 32811**

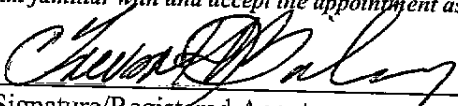
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

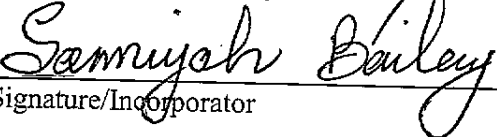
**SAMIYAH BAILEY  
915 WILSON RIDGE DR.  
ORLANDO, FL 32818**

**ANNMARIE GARVEY  
2184 MOUNTAIN SPRUCE ST.  
ORLANDO, FL 32818**

\*\*\*\*\*  
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

**3/1/02**  
Date

  
Signature/Incorporator

**3/1/02**  
Date

ARTICLE V INITIAL OFFICERS.

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TREVOR BAILEY - SECRETARY  
915 WILSON RIDGE DR  
ORLANDO, FL 32818.

ARTICLE VII INCORPORATORS

TREVOR BAILEY  
915 WILSON RIDGE DR.  
ORLANDO, FL 32818