

## TRANSMITTAL LETTER

FILED

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02 JUL -1 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADepartment of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

Parrot Enterprises, Inc.

(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:

Charles W. Braihland

Name (Printed or typed)

600006119586--7

-07/01/02--01043--001

\*\*\*\*\*87.50 \*\*\*\*\*87.50

2191 Tarpon Rd

Address

Naples, FL 34102

City, State &amp; Zip

739-530-1242

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Parrot Enterprises, Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2191 Tarpon Rd, Naples FL 34102*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Family Office*

**ARTICLE IV SHARES**

The number of shares of stock is: *1,000*

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

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

*Charles W. Braihland, Executive Vice President, Treasurer*  
*Donna J. Orr, President, Secretary*

**ARTICLE VI REGISTERED AGENT**

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

*Donna J. Orr*  
*2191 Tarpon Rd*  
*Naples, FL 34102*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Donna J. Orr*  
*2191 Tarpon Rd*  
*Naples, FL 34102*

\*\*\*\*\*  
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

*Donna J. Orr*  
\_\_\_\_\_  
Signature/Registered Agent

*6/28/02*  
\_\_\_\_\_  
Date

*Donna J. Orr*  
\_\_\_\_\_  
Signature/Incorporator

*6/28/02*  
\_\_\_\_\_  
Date