Poaoseagass9

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **×** \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 5911 SHIMMERING PINES ST.
Address

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

<u>ARTICLE</u> I

The name of the corporation shall be:

02 SEP 13 PM 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MYSTICAL NIGHT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5911 SHIMMERING PINES ST. PACE, SANTA ROSA COUNTY, FLORIDA 32571

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

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

5911 SHEMMERING PENES ST. PACE FL 32571 PRESIDENT ROBERT A. SKECHAK JR

5911 SHIMMERING PINES ST. PACE FL 32571 VICE PRESIDENT PATRICIA SKECHAK

REGISTERED AGENT

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

5911 SHIMMERING PINE ST. PACE FL 3257/ PATRICIA SKECHAK

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

ROBERT A. SKECHAK JR 5911 SHIMMERING PINES ST. PACE FL 32571

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