

P02000113534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

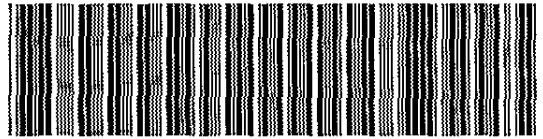
(Document Number)

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*[Handwritten Signature]*  
10/22



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RECEIVED  
02 OCT 22 PM 12:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 22 PM 12:50

TRANSMITTAL LETTER

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

SUBJECT: SARRAS Ent. Incorporation  
(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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: April Mercea  
Name (Printed or typed)

12009 Stone Crossing Circle  
Address

Tampa FL 33635  
City, State & Zip

817-244-8454 8  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 22 PM 12:50

ARTICLE I NAME

The name of the corporation shall be:

*SARAS EAT INC*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*12009 Stone Crossing Circle  
Tampa FL 33635*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*provide service for means of transport general commodity etc.*

ARTICLE IV SHARES

The number of shares of stock is:

*50*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*Amyl Mercer  
12009 Stone Crossing Circle  
Tampa FL 33635*

ARTICLE VI REGISTERED AGENT

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

*Samuel Stearns  
45 Zmani Circle  
Midway FL 32343*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Amyl Mercer Amyl Mercer  
12009 Stone Crossing Circle  
Tampa FL 33635*

\*\*\*\*\*

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]*  
\_\_\_\_\_  
Signature/Registered Agent

*10-22-02*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*10-22-02*  
\_\_\_\_\_  
Date