

P03000150936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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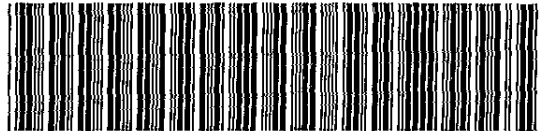
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/12/15

TRANSMITTAL LETTER

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

SUBJECT: SPIRIT CONNECTIONS, 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 ☐ \$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: MICHAEL ROBINSON
Name (Printed or typed)

4010 GRANDE VISTA BLVD #102
Address

ST. AUGUSTINE, FL 32084
City, State & Zip

904-824-2346
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)

ARTICLE I NAME

The name of the corporation shall be:

Spirit Connections, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4010 Grande Vista Blvd. #102
St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES & MARKETING COMPANY PROVIDING
~~AND~~ CONSULTING.
ALSO HAVE A WEB RETAIL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL ROBINSON - President
4010 Grande Vista Blvd #102
St. Augustine, FL 32084

ARTICLE VI REGISTERED AGENT

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

MICHAEL ROBINSON
4010 Grande Vista Blvd #102
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL ROBINSON
4010 Grande Vista Blvd. #102
St. Augustine FL 32084

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

Michael Robinson
Signature/Registered Agent

12/5/03
Date

Michael Robinson
Signature/Incorporator

12/5/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA