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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

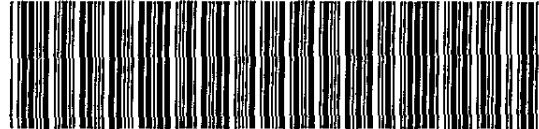
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/7/04

TRANSMITTAL LETTER

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

SUBJECT: Stacy VanSandt 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: Stacy VanSandt

Name (Printed or typed)

7114 Lexington Circle

Address

Brooksville Fl. 34602

City, State & Zip

352-428-0977

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:

Stacy VanSandt Inc.

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STATE OF FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7114 Lexington Circle
Brooksville Fl. 34602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

installation of flooring and sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stacy VanSandt 7114 Lexington circle Brooksville fl. 34602 President
Victor Vansandt 7114 Lexington Circle Brooksville fl.34602 Vice-president

ARTICLE VI REGISTERED AGENT

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

Stacy VanSandt
7114 Lexington circle
Brooksville Fl. 34602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stacy VanSandt inc.
7114 Lexington circle
Brooksville Fl. 34602

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


Signature/Incorporator


Date


Date