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### TRANSMITTAL LETTER

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

UBJECT: <u>57</u>	OTTED DOG EM (Proposed corp	BROIDERY /NC porate name - must include suffix)		
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nclosed is an origin	al and one(1) copy of the article	es 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	
FROM:	JAMES S. W.	ADDITIONAL CO	PY REQUIRED	
	19104 PC	:	04 AUG	
	PANAMA CITY City	BCH F/ 32.	04 AUG -9 PH 1:	
	850_ 832_5 Daytime	2/1 Telephone number		

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

#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

SPOTTED DOL EMBROIDERY INC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19104 PLB PARKWAY

PANAMA COYRCH, FL 32418

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

TAMES S WILLIAMS

# ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JAME S WILL IAMS

19104 PCB PARKWAY

PAMAMAN CATY BON, FC 32413

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date