# P04000133919

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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VALIDATION ONLY

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### CORPORATION(S) NAME

Requestor's Name

Address

City

Acknowledgment

	Spit	Shyne Inc.	
· · · · · · · · · · · · · · · · · · ·			
			······································
( ) Profit ( ) NonProfit	(	) Amendment	( ) Merger
( ) Foreign	(	) Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	(	) Annual Report ) Reservation	( ) Other ( ) Change of Registered Agent
Certified Copy	(	) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready Walk In	( ( ) Will Wait	) Call if Problem	( ) After 4:30 ( ) Mail Out
Name		•	
Availability			
Document Examiner		<del>.</del>	
Updater			
Varifier			

# ARTICLES OF INCORPORATION

of

Spit Shyne	And the state of	INC.
(nam	e of corporation)	
The undersigned subscriber(s) to these Articles of Incocorporation under the laws of the State of Florida.	orporation, natural person(s) co	mpetent to contract, hereby form
	- CORPORATE NAME	200 <b>0</b>
The name of the corporation is:	INC.	4 SEP
ARTICI	LE II - DURATION	24 A
The corporation shall exist perpetually unless dissolved		
ARTICI	LE III - PURPOSE	33 ALE A
The corporation is organized for the purpose of engag United States and the State of Florida.	ging in any activities or busines	ss permitted under the laws of th
The corporation is authorized to issue One huse	shares ( 100°20) of ock, which shall be designated "	
ARTICLE V - INITIAL RE	EGISTERED OFFICE AND AG	ENT
The street address of the Initial Registered Agent office	and the name of the Initial Reg	istered Agent at that office is:
NAME And Jacques		
ADDRESS 1720 Windowsh way	Apr 15	
CITY West form	FLORIDA	ZIP 334//
The principal office, if known, or the mailing address of	f the corporation is:	
NAME Andi Socques		
ADDRESS 1720 windorah was	Y Apt E	
CITY SASSE POLO	fLORIDA	ZIP 73411

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#### ARTICLE VI - INITAL BOARD OF DIRECTORS

5	
way Apt	<u>Z</u>
STATE Z.	ZIP 33417
-	
STATE	ZIP
STATE	ZIP
STATE P	ZIP JBY
OTMATTE:	710
STATE	ZIP
CTATE	710
STATE	ZIP
STATE ) have executed these Articles o	
	STATE 2.

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# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

Spit Shyne INC.	FIL 04 SEP 21 SCORLTAT TALLAMAS
(name of corporation)	AM II: 33

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	1720	win	dorah	Way	Apt.	2	
	rest P				33411	,	
has n	amed						· · · · · · · · · · · · · · · · · · ·
locat	ed at the afo	oresaid ad	ldress, as it	s Registered A	gent to acc	ept service of	process within
this s	tate.						

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

AND I JACQUES

(registered agent)