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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32315

SUBJECT:

FT. MYERS SHORES WINNERS, INC.

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Barbara Duke

Name (Printed or typed)

13644 Caribbean Drive

Address

Fort Myers, Florida, 33905

City, State & Zip

239-693-5061

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

FT. MYERS SHORES WINNERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13644 Caribbean Boulevard; Fort Myers, Florida, 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address:

Barbara Duke

13644 Caribbean Blvd.

Ft. Myers, FL, 33905

ARTICLE VI REGISTERED AGENT

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

Barbara Duke

13644 Caribbean Blvd.

Ft. Myers, FL, 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Duke

13644 Caribbean Blvd.

Ft. Myers, FL, 33905

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

Incorporator

Date

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