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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: | Spartan 2 | | |
|----------------------|------------------------------------|----------------------------|---|
| | (PROPOSED CORPORA) | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | i a check for: |
| 4 | D | | |
| □ \$70.00 | □ \$78.75 | ☐ \$78.75 Filing Fee | ☐ \$87.50 Filing Fee, |
| Filing Fee | Filing Fee & Certificate of Status | & Certified Copy | |
| | | 1, | & Certificate of |
| | | I DEVELOPE I CO | Status |
| | | ADDITIONAL CO | PY REQUIRED |
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| FROM: | Dominic J. | Jan to Suosse | 30/ |
| | | ` * - / | |
| | 2010 N NC | Laska Ave | |
| • | A A | Address | |
| | | 724.5 | |
| _ | lampA PC | 33607 | |
| | City, | State & Zip | |
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| • | | elephone number | <u>, , , , , , , , , , , , , , , , , , , </u> |

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

| ARTIC | CLES | O | F | IN | CO | RP | OF | λ Α' | ΓIC | N |
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| | | | | | | | | | _ | |

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

05 JUN 29 AM 11:41

ARTICLE I NAME

The name of the corporation shall be:

Spartan 2. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5005 W San Jose St TampA FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

SHARES

The number of shares of stock is: IDA

INITIAL OFFICERS AND/OR DIRECTORS

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

William J. Stover

President & Director

5005 W. San Jose St TampA FL 33629

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

William J. Stover 5005 W. San Jose St

TOMPA FL 33629 VII INCORPORATOR

The name and address of the Incorporator is:

William J. Store 5005 W. San Jose St Tampa ft 33429

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

16-15.05 Date 6-15-05

Signature/Incorporator