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TRANSMITTAL LETTER

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

SUBJECT: Saraso	ta Early Retirement, Inc.	E NAME – MUST INCL	UDE SUFFIXI	
	(
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
≥ \$70.00 Filing Fec	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM: Ro	obin Frisch			
FROM: 1	Name (Printed or typed)		
	PO Box 3396	ddress	- 19	, ja
	Sarasota, FL 34230	State & Zip		ا د د د د د د د د د د د د د د د د د د د
	941 316 9574 Daytime Te	elephone number	 	. , . a

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:

Sarasota Early Retirement, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1833 Laurel St. Sarasota, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Robin B. Frisch 1833 Laurel St. Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Robin B. Frisch 1833 Laurel St. Sarasota, FL 34236

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

2//05

OS JUN 30 PH 3: 17
SECRETARY OF STATE
ANIASSEE, FLORIDA