## Posoo0/08663

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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(Rusiness Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323 SUBJECT:	7/	EAL ESTATE,  COPP.  TENAME-MUSTINGL		
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name ( Scifo Financial Serv	•		
1489 Palm Coast Parkway NE Palm Coast, FL 32137  City, State & Zip  3 8 4 4 6 0 3 7  Daytime Telephone number				

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

marler 2/6/05



July 25, 2005

JOHN M. SEIFO 1489 PALM COAST PKWY NE PALM COAST, FL 32137

SUBJECT: PAMPA, CORP. Ref. Number: W05000033230

We have received your document for PAMPA, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 405A00045872

Cynthia Blalock Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) EPHESTO REAL ESTATE The name of the corporation shall be: OURP. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 56 PARK PLACE ORMUND BEACH, FL 32174 ARTICLE III PURPOSE The purpose for which the corporation is organized is: BUX, SELL of MARKET, REAL ESTATE. The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JOSEPH CAPANO 56 PARE PLACE ORMOND BEACH, FL 32174 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: JOSEPH CAPANO SC PARE PLACE ORMOND BEACH, FL 32174 INCORPORATOR ARTICLE VII JOHN M. SCIFU The name and address of the Incorporator is: Scifo Financial Services, Inc. 1489 Palm Coast Parkway NE

ARTICLES OF INCORPORATION

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

2-6-05

Date

7/6/b

Signature/Incorporator

Date

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Palm Coast, FL 32137