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T. Burch AUG 9 2005

## TRANSMITTAL LETTER

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

SUBJECT:	Sarb, inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		Boswell, M (Printed or typed)  North O Address  Ando, Fl	
	407	Ando , M State & Zip - 8960059 elephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	AUG AHA
ARTICLE I NAME	ASSE ASSE
The name of the corporation shall be:	AR D
Sarb, inc.	# 8:
ARTICLE II PRINCIPAL OFFICE	<b>A</b> . 3.
The principal place of business/mailing address is:	nea Au
2320 N. OF	nge Av. Fl 32804
Orlando,	F1 32804
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Recreation	
ARTICLE IV SHARES	
The number of shares of stock is: /O	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
	D
Kobert B.	Boswell, MID
2320 Non	the Orange Av.
Oulanda	Boswell, MD the Orange Av. Fl 32804
Oriando,	9-807
ARTICLE VI REGISTERED AGENT	en de la companya de
The name and Florida street address (P.O. Box NOT acceptable) of the	· ·
Robert B. Boswell, M.	
2320 N. Orange Av	•
ARTICLE VII INCORPORATOR Orland	0, Fl 32804
The <u>name and address</u> of the Incorporator is:	7.1
Robert B. Boswell, MO	
2320 N. Orange A	v
2320 N. Orange A Orlando, Fl. 328	304
Having been named as registered agent to accept service of process for the above sta	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agre	e to act in this capacity
Robert B. Boswell	8.4.05
Signature/Registered Agent	Date
	* *
Robert B. Boswell	8.4.05
Signature/Incorporator	Date

ARTICLES OF INCORPORATION