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TRANSMITTAL LETTER

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

SUBJECT: Full Mo	on Marketing Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 PY REQUIRED
FROM: Cio	Iney Kent		
	Name	e (Printed or typed)	
	16540 Lake Stewart Drive	Address	
	Groveland, Fl 34736	, State & Zip	
	352-267-8612 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)

FILED SECRETARY OF STATE TALLAHASSEE FI ORIDA

ARTICLE I NAME

The name of the corporation shall be:

Full Moon Marketing Inc

05 SEP -6 PM 8: 44

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16540 Lake Stewart Drive, Groveland, Fl 34736

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Real Estate Marketing

<u>ARTICLE IV</u> SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Daniel V. Kent III -President Cidney Kent -Vice President

ARTICLE VI REGISTERED AGENT

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

Cidney Kent 16540 Lake Stewart Drive Groveland, Fl 34736

ARTICLE VII **INCORPORATOR**

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

Cidney Kent

l 6540 Lake Stewart Drive Groveland, FL 34736	
*******************	**********
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	
Magkatt	8.31.05
Signature/Registered Agent Clothey KOUT	Date
Udhlost en	8.31.05
Signature/Incorporator Cidney Kent	Date