# P05000/50324

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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# TRANSMITTAL LETTER

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

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SUBJECT:	THE SPICE GROUP INC	
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	

Eclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	X \$78.75 \$87.50   Filing Fee Filing Dee,   & Certified Copy Certified Copy   & Certificate of Status
	ADDITIONAL COPY REQUIRED

FROM:	KNOX WILLIAMS		
	Name (Printed or Typed		
	251 SO. STATE ROAD 7		
	Address		
	PLANTATION, FL 33317		
	City, State & Zip		
	954-777-9963		

-

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Daytime Telephone Number

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

## ARTICLES OF INCORPORATION

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

#### ARTICLES I NAME

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The name of the corporation shall be:

THE SPICE GROUP INC

ARTICLES II PRINCIPAL OFFICE

The principal place of business/mailing address is:

251 SO. STATE ROAD 7, PLANTATION, FL 33317

#### ARTICLES III PURPOSE

The character and nature of the business to be transacted by the Corporation shall be to engage in IMPORT AND EXPORT TRADING.

#### ARTICLES IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

#### ARTICLES V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KNOX WILLIAMS – 4001 NW 34<sup>TH</sup> STREET, #214, LAUDERDALE LAKES, FL 33319 ROSEMARIE WILLIAMS – 4001 NW 34<sup>TH</sup> STREET, #214, LAUDERDALE LAKES, FL 33319

ARTICLES VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KNOX WILLIAMS – 251 SO. STATE ROAD 7, PLANTATION, FL 33317

### ARTICLES VII INCORPORATOR

KNOX WILLIAMS - 251 SO. STATE ROAD 7, PLANTATION, FL 33317

#### ARTICLES VIII EFFECTIVE DATE

The effective date of the corporation is JANUARY 1<sup>ST</sup>, 2006

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 KNOX WILLIAMS

KNOX WILLIAMS

SIGNATURE/INCORPORATOR

DATE

DATE

FILED SECRETARY OF STATE TALLAHASSEE.FLORIDA

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