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COVER LETTER

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

SUBJECT: SEPAP VENTURES INC	· ·•	_		
(PROPOSED CORPORAT	'E NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:		
\$70.00 \$\sqrt{1}\$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: KEITH PAPE	(Printed or typed)	 		
	,			
2640 N.E.56TH STREET				
OCALA, FL. 34479	Address State & Zip	/		
(352) 867-7405		<u>. – </u>		
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)

ARTICLE I NAME .

The name of the corporation shall be:

SEPAP VENTURES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2640 N.E. 56TH ST OCALA, FI 34479

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCT ANY AND ALL LEGAL BUSINESS TRANSACTIONS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KEITH PAPE 2640 N.E. 56TH ST. OCALA, FL 34479 PRESIDENT, VICE PRESIDENT, SEC/TREASURER

ARTICLE VI REGISTERED AGENT

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

KEITH PAPE 2640 N.E. 56TH ST. OCALA, FL 34479

ARTICLE VII INCORPORATOR

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

KEITH PAPE 2640 N.E. 56TH ST OCALA, FL 34479

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