

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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02/24/06--01029--019 **78.75

06 FEB 24 PM 1:16 SECRETARY OF SIZIE 06 FC3 24 CC 1:10 ATTASASSED FLORIDADIVISICAL FLORIDADIVISTICAL FLORIDADIVAL FLORIDADIVISTICAL FLORIDADIVALISTICAL FLORIDADIVISTI

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COVER LETTER

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

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lnc. SUBJECT

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

X \$78.75 Filing Fee \$78.75 Piling Fee \$87.50 \$70.00 Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: The Spar Escarpe & Retheat, Inc. Name (Printed or typed) Post Office Box 14652 Tallahassee, Florida 32317 City, State & Zip 850-847-3875 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:

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SECRETARY OF STATE The Spatscape & Retreat

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Post office Box 14652, Tallahasse, FL 32317

The purpose for which the corporation is organized is:

The number of shares of stock is:

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

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

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

The name and address of the Incorporator is:

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 Signature/Ir

<u>|24|68</u> Date |<u>24|06</u>