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PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: SBT Unlimited Consultin	g Corp. tename- <u>mustincl</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Spencer Tarplee		
Name	(Printed or typed)	
5625 Major Blvd		
Orlando, FL 32819	Address State & Zip	
407-354-3996	elephone 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:

SBT Unlimited Consulting Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5625 Major Blvd. Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing Consultation for hospitality management and marketing

ARTICLE IV 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):

Spencer B. Tarplee 5625 Major Blvd. Orlando, FL 32819

Director

ARTICLE VI REGISTERED AGENT

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

Spencer B. Tarplee 5625 Major Blvd. Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Spencer B. Tarplee 5625 Major Blvd. Orlando, FL 32819

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

ON THE OWN SHADOW. SH