| Zip/Phone #)                            |  |  |
|---|--|--|
| WAIT MAIL                               |  |  |
| ntity Name)                             |  |  |
| Number)                                 |  |  |
| ertificates of Status                   |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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## TRANSMITTAL LETTER

Department of State
Division of Corporations

P.O. 6327
Tallahassee, FL 32314

Subject: Paulette Streeval, Inc.
(Proposed corporate name - must include suffix)

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

( ) \$35.00 ( ) \$43.75 ( ) \$70.00 ( X) \$78.75

From: Ms. Paulette Streeval
Name

414 N. Cypress Drive, Unit B

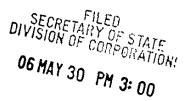
Address

Tequesta, FL 33469 City, State & Zip

( 561) 312-9766 Daytime Telephone number

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

# ARTICLES OF INCORPORATION



The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

#### ARTICLE I NAME

The Name of the corporation shall be:

Paulette Streeval, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

414 N. Cypress Drive, Unit B Tequesta, FL 33469

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ms. Paulette Streeval 414 N. Cypress Drive, Unit B Tequesta, FL 33469

#### ARTICLE V INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to these Articles of Incorporation is (are) :

Ms. Paulette Streeval 414 N. Cypress Drive, Unit B Tequesta, FL 33469

| The undersigned incorporator (s) has (have) | executed these Articles of Incorporation this |
|---|---|
| Twenty Second (22nc day of May 2006         | <b>3</b>                                      |
| <u>_ x (</u>                                | Paulette Streem                               |
|   | signature                                     |
|   |   |
|   | signature                                     |
|   |   |
|   | signature                                     |

Article of Incorporation Filling Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is:                             | Paulette Streeval, Inc.      |  |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
| 2. The name and address of the registered agent and office is: |                              |  |
|  | Ms. Paulette Streeval        |  |
|  | ( Name)                      |  |
|  | 414 N. Cypress Drive, Unit B |  |
|  | ( P.O. Box not acceptable)   |  |
|  | Tequesta, FL 33469           |  |
|  | ( City/State/Zip)            |  |

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

06 MAY 30 PM

OF CURA SECTION