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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

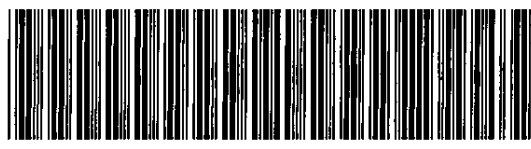
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
06 JUL 10 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE JUL 12 2006

**COVER LETTER**

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

**SUBJECT:** S & S of the Treasure Coast, Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Mikel Spraker  
Name (Printed or typed)

747 SW South Macedo Blvd.  
Address

Port St. Lucie, Fl. 34983  
City, State & Zip

772-879-2440  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

S & S of the Treasure Coast, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

747 SW South Macedo Blvd.  
Port St. Lucie, Fl. 34983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

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

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

Robert Spraker, Director, Vice President, Treasurer

747 SW South Macedo Blvd.  
Port St. Lucie, Fl. 34983

Mikel Spraker, President, Secretary  
747 SW South Macedo Blvd.  
Port St. Lucie, Fl. 34983

**ARTICLE VI REGISTERED AGENT**

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

Robert Spraker  
747 SW South Macedo Blvd.  
Port St. Lucie, Fl. 34983

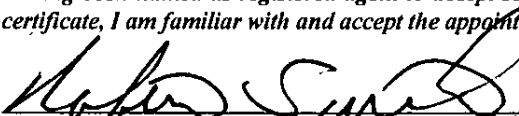
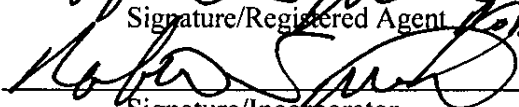
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Spraker  
747 SW South Macedo Blvd.  
Port St. Lucie, Fl. 34983

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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 ROBERT SPRAKER  
  
\_\_\_\_\_  
Signature/Incorporator ROBERT SPRAKER

7/7/06  
Date  
7/7/06  
Date