P06000091282

| (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



700077046077

07/10/06--01018--021 **78.75

PILED

06 JUL 10 AM 8: 06

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. WHITE JUL 12 2006

COVER LETTER

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

| S & S of the Treesure Coast | Ino | |
|--|---------------------------|---------------------------------|
| SUBJECT: S & S of the Treasure Coast, (PROPOSED CORPORATION) | , | 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 | \$78.75 | \$87.50 |
| Filing Fee Filing Fee | Filing Fee | Filing Fee, |
| & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | Status |
| | ADDITIONAL CO | PY REQUIRED |
| FROM: Mikel Spraker | | |
| Name (| (Printed or typed) | |
| 747 SW South Macedo Bly | | |
| A | Address | |
| Port St. Lucie, Fl. 34983 | State & Zip | |
| City, | State & Zip | |
| 772-879-2440 | | |
| Daytime Te | 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:

S & S of the Treasure Coast, Inc.

FILED

06 JUL 10 AM 8: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 <u>name and Florida street address</u> (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

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 SER + SPIAKER

Signature/Incorporator

lobent Spraken

7/7/06

7/7/06