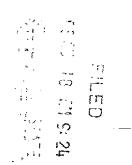
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(Requestor's Name)			
(Address)			
(Address)			
·			
(City/State/Zip/Phone #)			
(Only-based 24th Horizon)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

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

SUBJECT: Two Salty Dogs, Inc	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
,			
Enclosed are an original and one (1) copy of the arti	alag of incomparation and	to check for	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
	ADDITIONAL CO	Status DPY REQUIRED	
FROM: Thomas P Guida			
Name	(Printed or typed)		_ * * _
314 William Street			
•	Address	•	
Key West, Florida 3304			
City,	State & Zip		
305-393-6057		······································	
Daytime i	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:

Two Salty Dogs, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

314 William Street Key West, FI 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resale of Newspapers

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):

Thomas P Guida, President 314 William Street Key West, Fl 33040

ARTICLE VI REGISTERED AGENT

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

Thomas P Guida 314 William Street Key West, FI 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas P Guida 314 William Street Key West, Fl 33040

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

Date

Signature/Registered Agent

Signature/Incorporator

Date

Date

Date