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HARVE

COVER LETTER

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

SUBJECT:	INCORPORATE NAME		
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:		ALEXZANDER (Printed or typed)	
		9 STREET	
	Miami, Florida 33168 City, State & Zip		
	786-333-2469		
	Daytime Telephone number		

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



September 11, 2007

MR. PHILLIP ALEXZANDER 279 NW 109 STREET MIAMI, FL 33168

SUBJECT: SPICE AND SONS INC Ref. Number: W07000044804

We have received your document for SPICE AND SONS INC and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the registered agent in Article VI.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Letter Number: 907A00053779

Valerie Herring Document Specialist New Filing Section

Division of Cornerations - P.O. ROY 6397 - Tallahasson Florida 3931

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:

spice and sons inc

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FALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 279 NW 109 STREET MIAMI,FLROIDA 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
I NEED THE THE DOCUMENTS IN ORDER TO RUN A SUCCESSFUL BUSINESS IN THE STATE OF FLORIDA.

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):

MR. PHILLIP ALEXANDER 279 NW 109 STREET MIAMI, FLORIDA 33168

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MR. PHILLIP ALEXANDAR 279 NW 109 STREET MIAMI, FLORIDA 33168

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MR. PHILLIP ALEXANDER 279 NW 109 STREET MIAMI, FLORIDA 33168

**************************************	**************************************
certificate, I am familiar with and accept the appointment as registere	d agent and agree to act in this capacity
. F	10/1/07
Signature/Registered Agent	Date
- F	10/1/07
Kigneture/Incorporator	' 'Date

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SECRETARY OF STATE
SECRETARY OF STATE