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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Lisa Auguers Requester's Name		
Requester's Name 8548 Hannan Cinel Address (auayasaa F/ 323/2 (850) City/State/Zip Phone #	843-2287	
		Office Use Only
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if	known):
1. STOSTAMSE /NE. (Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Withe Merger	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	nip
CR2E031(7/97)		Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

Stoutamire, Inc.

ARTICLE II

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

8548 Hannary Circle Tallahassee, FL 32312

ARTICLE III

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

1000 Shares

ARTICLE IV

The name and address of the initial registered agent is:

Lisa M. Andrews 8548 Hannary Circle Tallahassee, FL 32312

ARTICLE V

The name and street address of the incorporator to these Articles of Incorporation is:

The undersigned incorporator has executed these Articles of Incorporation this

President\Director Lisa M. Andrews 8548 Hannary Circle Tallahassee, FL 32312

OB APR -8 PM 4: 16 SECRETARY OF STATE TALL AHASSEF FLORIDA
--

7th day ofApril	, 2008	

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 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:

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2. The name and address of the registered agent and office is:

Lisa M. Andrews 8548 Hannary Circle Tallahassee, FL 32312 08 APR -8 PH 4: 16
SECRETARY OF STATE
TALL AHASSEF, FLORID

Having been named as registered agent and to accept service of process for the above stated 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

Loud Minchelle

April 7, 2008

(Date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314