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COVER LETTER

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

SUBJECT: SAUCER ENTERPRISES, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: <u>G</u> II	NGER SAUCER Name ((Printed or typed)		
P.O. BOX 85 Address				
	WALDO FL 32694 City,	State & Zip	 	
	352-468-1729	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)

08 SEP 12 PM 2: 33 SECRETARY OF STATE LAHASSEE FLORIO

ARTICLE I NAME

The name of the corporation shall be:

SAUCER ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: STREET ADDRESS---15016 NE 146TH AVENUE WALDO FL 32694 MAILING ADDRESS---P.O. BOX 85 WALDO FL 32694

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCTING ANY OR ALL LAWFUL BUSINESS AS PROVIDED

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES WITH A PAR VALUE OF \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GINGER SAUCER
P.O. BOX 85
WALDO FL 32694
PRESIDENT, SECRETARY, TREASURER

TERRY SAUCER P.O. BOX 85 WALDO FL 32694 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

GINGER SAUCER 15016 NE 146TH AVENUE WALDO FL 32694

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GINGER SAUCER P.O. BOX 85 WALDO FL 32694

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

Date

Signature/Incorporator

Date