(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:			
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Office Use Only			



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10/02/08--01011--005 **78.75

COVER LETTER

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

SUBJECT:	It The Beach		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:		ne Amstron (Printed or typed) 31 st Ave. S	
	727-	Address Port FL, 3 State & Zip 452-7756	
	Daytime	Telephone number	

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2008

SUZANNE ARMSTRONG 5015 31ST AVE S. GULFPORT, FL 33707

SUBJECT: AT THE BEACH Ref. Number: W08000045779

We have received your document for AT THE BEACH and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 808A00052558

Division of Cornerations - P.O. ROY 6327 Tellahassee, Florida 3231

ARTICLES OF INCORPORATION	and .
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2 8 8
ARTICLE I NAME	
The name of the corporation shall be:	SE G
At the Beach Inc.	OCT 13 PM 3: 10 REMARY OF STATE AHASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	> D
The principal street address and mailing address, it different is: SULFPORT, FL. 33707 ARTICLE III PURPOSE	
<u> </u>	
The purpose for which the corporation is organized is:	
crafts, real estate.	
ARTICLE IV SHARES The number of shares of stock is:	
100 at \$1.00 per value	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Suzanne Almish	
5015 315+ AVE. 3	
Suzunge Almstring 5015 31st Ave. S Gulfport, FL 33707	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent	is:
Suzanne Armstring	7
Suzanne Armstrmg 5015 31st Ave. S., Gulfport, FC. 33707	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Sheanne Armstrong Sois 31st Ave.S. Gulfport, Fc. 33707	
5015, 31st Ave. 3222	
Gulfport, H. 33%	******
Having been named as registered agent to accept service of process for the above stated corporation at a certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capac	
Sty and Charlena 91	29/08
Signature/Registered/Agent	Date (
Surance Unitoria 91	29/08
Signature/Incorporator	Date (