## P09000002499

| (Re                                     | equestor's Name)   |           |  |
|---|--------------------|-----------|--|
|   |                    |           |  |
| (Ac                                     | idress)            |           |  |
| •                                       | ,                  |           |  |
|   |                    |           |  |
| (Ac                                     | ldress)            |           |  |
|   |                    |           |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |
|   |                    |           |  |
| PICK-UP                                 | WAIT               | MAIL      |  |
|   |                    |           |  |
|   | <del></del>        |           |  |
| (Bu                                     | isiness Entity Nam | e)        |  |
|   |                    |           |  |
| (Do                                     | cument Number)     |           |  |
|   |                    |           |  |
| Certified Copies                        | Certificates       | of Status |  |
|   |                    |           |  |
|   |                    |           |  |
| Special Instructions to Filing Officer: |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    | ľ         |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    |           |  |
|   |                    | 1         |  |
|   |                    | <u></u> j |  |

Office Use Only



900138523649

01/06/09--01009--013 \*\*78.75



EP 1/12/09

## **COVER LETTER**

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

| SUBJECT:  | he SQUIRREL<br>(PROPOSED CORPORA | 'S NEST, I   | -NC.  |  |
|---|----------------------------------|--|---|--|
|   | (PROPOSED CORPORA                |  |   |  |
| \$70.00 Filing Fee  |                                  | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |  |
| FROM: Kristine E. Fitch  Name (Printed or typed)  6502 NE 32nd Pl.  Address |                                  |  |   |  |
|   | 1+1gh Sprin                      | , sauc oc zip                                      | 643   |  |

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: THE SQUIRRELS NEST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 6502 NE 32nd PL

High Springs, FL 32643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Resale of Antiques + Collectibles

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

1,000 shares \$10.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kristine E. Fitch, PRES. & Dir.

ARTICLE VI REGISTERED AGENT

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

Kristine E. Fitch 1502 NE 32nd PL 32688

N-6 PH 1:01

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kristine E. Fitch 6502 nE 32nd PL High Springs, FL 32643

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 Agenta

Signature/Incorporator

12/31/08 Date

12/31/08 Date