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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Spectrum	m Professional Group, Inc.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	
✓ \$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM: Kai	ndice Cherry			
i Rowi.	Nam	e (Printed or typed)	<u> </u>	
170	6 Crestone Cove			
<u></u>		Address		
Nice	eville, FL 32578			
-	City	, State & Zip		
850	-368-3006			
	Daytime 1	l'elephone number		
ka.c	herry@cox.net			
. –		ed for future annual report	notification)	

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:

Spectrum Professional Group Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

1706 Crestone Cove

Niceville, FL 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional services / consulting

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):

Rosanne PainterMass 411 Adam St NW =+ \M/4

411 Adam St NW Ft. Walton Beach FL

32548

Pres

Kandice Cherry

1706 Crestone Cove Niceville

FL

32578

V-P

Date

ARTICLE VI REGISTERED AGENT

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

Kandice Cherry

1706 Crestone Cove Niceville, FL 32578

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Signature/Incorpor

Kandice Cherry

1706 Crestone Cove Niceville, FL 32578

**************	**********
Having been named as registered agent to accept service of place designated in this certificate, I am familiar with and	
gree to açt in this capacity _ /	accept the appointment as registered agent and
agree to act in this capacity	
Pandu (U	7/26/10
Signature/Registered Agent	Date
X//11/14-19	7/26/10

10 JUL 29 PM 12: (

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