

P1000088544

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 01 2010

COVER LETTER

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

SUBJECT: SASPARILLAS, INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Appel Accounting

Name (Printed or typed)

561 SE Whitmore Drive

Address

Port St Lucie, FL 34984

City, State & Zip

(772) 878 - 5655

Daytime Telephone number

raybe33@earthlink.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **SASPARILLAS, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3489 S US One
Fort Pierce, FL 34982

Mailing address, if different is:
1898 SE Vesthaven Court
Port St Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Rachel D'Arpe, President**
Address: **1898 SE Vesthaven Court**
Port St Lucie, FL 34952

Name and Title: _____
Address: _____

Name and Title: **Cynthia Goodman, Vice-President**
Address: **2656 SE Ruffin Terrace**
Port St Lucie, FL 34952

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Rachel D'Arpe**
Address: **1898 SE Vesthaven Court**
Port St Lucie, FL 34952

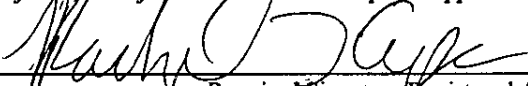
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Rachel D'Arpe**
Address: **1898 SE Vesthaven Court**
Port St Lucie, FL 34952

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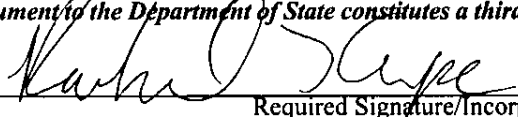
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/25/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/25/10
Date