P11000009629

| (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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11 JAN 26 PH I2: 06
SECRETARY OF STATE
SECRETARY OF STATE

MR1/28/11

COVER LETTER

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

| SUBJECT: No cole Corpora | TE NAME - MUST INCLUDE SUFFIX) | | | |
|--|---|--|--|--|
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED | | | |
| FROM: Name (Printed or typed) | | | | |
| 3740 FI | eld stone BIUD #1004 | | | |
| Naples Fl 34109 | | | | |
| 334(26) Daytime T | 689-4428 Gelephone number | | | |
| Sports Oathletes in paradise tom E-mail address: (to be used for future annual report hotification) | | | | |

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)

| The name of the corpora | | ranTINC. | |
|--|---|----------------------------|--|
| ARTICLE II PRI | Principal street address 740 C. C. C. C. Stone BIVD | | dress, if different is: |
| ARTICLE III PUR The purpose for which | the corporation is organized is: Any lawful purpose | • | JUNE 26 |
| ARTICLE IV SHA | | | Street on the street of the st |
| Name and Title: | MILL OFFICERS AND/OR DIRECTORS NICOLE M. CITTON, Pres. 3740 FICHISTONE BLUD # 1004 Naples, FL 34109 | Name and Title: | Ďu. |
| | | Address: | |
| Name and Title:_ Address: | | Address: | |
| ARTICLE VI REC The name and Florida: Name: Address: | Street address (P.O. Box NOT acceptable) of Nicole M. Cirran 3740 Field Hone BIVO#1 | | |
| ARTICLE VII INC The name and address Name: Address: | | ‡ 11004 | |
| | registered agent to accept service of process miliar with and accept the appointment as regis | for the above stated corpo | |
| | Required Signature/Registered Agent | | 1/22/2011 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. | | | |
| _ Nicola | Cumo- | | 1/22/2011 |