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4COVER LETTER

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

SUBJECT: Piper Doon, Incorporated (PROPOSED CORPORA)					
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status	of			
	ADDITIONAL COPY REQUIRED				
FROM: Paul Macleish Name	(Printed or typed)				
3100 Teal Terrace					
A	Address				
Safety Harbor, Florida 34695 City,	State & Zip	SECRET BIVISION (
727-631-1547 Daytime Te	elephone number	TARY OF S OF CORPOR			
Songbird6226@msn.com E-mail address: (to be used	for future annual report notification)	မှ (Alle			

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2011

PAUL MACLEISH 3100 TEAL TERRACE SAFETY HARBOR, FL 34695

SUBJECT: THE PIPER DOON, INCORPORATED

Ref. Number: W11000034423

We have received your document for THE PIPER DOON, INCORPORATED 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 011A00015458

SECRETARY OF STATE BIVISION OF CORFORATION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the c	The Piper Doon, Incomporation shall be:	rporated	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing addr	ess, if different is:
	525 Main Street	P. O. Box 9	
	Safety Harbor, Florida	Safety Harbor, F	lorida
	34695	34695	
ARTICLE III	PURPOSE		
A SCOURSH PL	nbighte restautantwintraditi onal Sc	ottish food, drinks and en	tertainment.
ARTICLE IV The number of sha			
	INITIAL OFFICERS AND/OR DIRECT		
Name and T	itle Paul Macleish, Director	Name and Title:	
Address:	3100 Teal Terrace	Address:	
	Safety Harbor, Florida		
	34695		
	7.1	N. Levis	
	itle:		
Address:		Address:	
			
	îtle:		
Address:		Address:	
			V _U
ARTICLE VI	REGISTERED AGENT		JUL
	orida street address (P.O. Box NOT acceptable) of the registered agent is:	Ω
Name:	Ellen Macleish	of the registered agent is.	5 CR
Address:			976
Addiess.	3100 Teal Terrace		32 590
	Safety Harbor, FL 34695		<u> </u>
ARTICLE VII	INCORPORATOR		<u> </u>
	dress of the Incorporator is:		ज ्डि
Name:	Paul Macleish		ı
Address:	3100 Teal Terrace		
	Safety Harbor, FL 34695		
	ned as registered agent to accept service of pro m familiar with and accept the appointment as		in this capacity
	Required Signature/Registered Agent	<u>,</u>	6/20/11
<u> </u>	Required Signature/Registered Agent		/ Date /
	ument and affirm that the facts stated herein e Department of State constitutes a third degree fe		
4	W. M.	_	1/0/11
	TTY		6/20/11
	Required Signature/Incorporator		/Date /