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(Requestor's Name)		
(Address)		
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,		
(City/State/Zip/Phone #)		
(Only/Otate/Elp// Holle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 imig Officer.		

Office Use Only



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FILING CANCELLED RETURNED CHECK

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FILING CANCELLED RETURNED CHECK

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

SUBJECT: Sayton Enter	rorises Inc.	
(PROPOSED CORPORA	ATE NAME - MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:	
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Katrina Bobbitt Name (Printed or typed)		
Name (Printed or typed) 488 Sun Lake Circk Address		
Lake Mary 1 32746		
Daytime Telephone number		
Sunshine bride a homail. Com E-mail address: (to be used 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) The name of the corporation shall be: Saxton Enter prises PRINCIPAL OFFICE Mailing address, if different is: SIALLAHASSEE, FLORIG Principal street address South Kirkman Rd <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: FILING CANCELLED **RETURNED CHECK** <u>ARTICLE IV SHARES</u> The number of shares of stock is: Name and Title: ____ Name and Title:_ Address: Address: Name and Title: Name and Title: Address: Address: Name and Title:_______ Name and Title:______ Address: Address: REGISTERED AGENT The name and Florida street address (P.O-Box NQT acceptable) of the registered agent is: Name: Address: INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Name: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, fam familiar with add accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Is submit this stocument 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