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(Requestor's Name)

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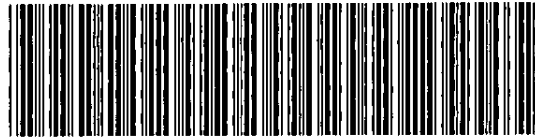
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ADRIAN SECREST LMT, 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: ADRIAN D. SECREST

Name (Printed or typed)

12820 KENWOOD LANE, SUITE # 1

Address

FORT MYERS, FLORIDA 33907

City, State & Zip

(239) 738-9790

Daytime Telephone number

ADRIAN.SECREST@YAHOO.COM

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

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ADRIAN SECREST LMT, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

12820 KENWOOD LANE, SUITE # 1
FORT MYERS, FLORIDA 33907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MASSAGE AND FITNESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIAN D. SECREST, PRESIDENT
Address: 5241 CEDAR DRIVE, APT. #1
FORT MYERS, FLORIDA 33907

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: ADRIAN D. SECREST
Address: 5241 CEDAR DRIVE, SUITE # 1
FORT MYERS, FLORIDA 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIAN D. SECREST
Address: 5241 CEDAR DRIVE, SUITE # 1
FORT MYERS, FLORIDA 33907

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

Ad Secrest

Required Signature/Registered Agent

AUGUST 27, 2012

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.

Ad Secrest

Required Signature/Incorporator

AUGUST 27, 2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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