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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BURKE BLUE HUTCHINSON WALTERS & SMITH, P.A.
Account Number : I20070000051
Phone : (850)236-4444
Fax Number : (850)236-1313

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
SROSSICS, INC.

Certificate of Status	1
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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: SROSSICS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
10720 Hutchison Blvd., Suite B
Panama City Beach, FL 32407

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca K. Marolla, President
Address: 10720 Hutchison Blvd., Suite B, Panama City Beach, FL 32407

Name and Title:
Address:

Name and Title: Tamsin DeBruhl, Vice President & Secretary
Address: 10720 Hutchison Blvd., Suite B, Panama City Beach, FL 32407

Name and Title:
Address:

Name and Title:
Address:

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(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael S. Burke, Esq

Address: 16215 Panama City Beach Parkway

Panama City Beach FL 32413

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael S. Burke

Address: 16215 Panama City Beach Parkway

Panama City Beach, FL 32413

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

_____ 4/9/2013

Required Signature/Registered Agent 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.

_____ 4/9/2013

Required Signature/Incorporator Date