191300060154

(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:				

Office Use Only



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10/21/13--01048--016 **78.75

SECRETARY OF STATEOUS STORY OF CORPORATIONS 13 OCT 21 PM. H 07

Ps 10/22/13

COVER LETTER

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

Tananassee, FL 32.			
SUBJECT: ŚP	ENCER INDUST	RIES, INC. ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: B	ETTY SPENCE	e (Printed or typed)	
15	505 HIGHLAND		
		Address	
С	OCOA, FL 3292	22	
	City	, State & Zip	

321-639-6831

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

Daytime Telephone number

mespencer@cfl.rr.com

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

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

,	•	or Chapter 621, I	SECRETARY OF STATE
ARTICLE I NAM The name of the corporat	E SPENCER INDUS	TRIES, IN	SECRETARY OF STATE
ARTICLE II PRII	NCIPAL OFFICE Principal street address		13 OCT 21 PH H O
1505 HIGHLA COCOA, FL 3			
-			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: ANY AN	ND ALL LA	WFUL BUSINESS
	IAL OFFICERS AND/OR DIRECTOR		
Name and Title	BETTY SPENCER, PRES.	Name and Title:	MICHAEL SPENCER
Address	1505 HIGHLAND CT	Address:	1505 HIGHLAND CT
	COCOA, FL 32922		
	00007,12 02022	•	COCOA, FL 32922
Name and Title:		Name and Title:	
Name and Title:			
		Address:	
Address		Address:	
Address		Address: Name and Title:	
Address Name and Title:		Address: Name and Title:	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

			13 OCT 21 PM 1= 07
Address		Address:	
	EGISTERED AGENT is street address (P.O. Box NOT acceptable) of	the registered age	ent is:
Name:	MICHAEL SPENCER		
Address:	1505 HIGHLAND CT		
(COCOA, FL 32922		
ARTICLE VII II	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	BETTY SPENCER		
Address:	1505 HIGHLAND CT		
	COCOA, FL 32922		
Having been named this certificate, I am	as registered agent to accept service of process amiliar with and accept the appointment as reg	for the above sta istered agent and	ted corporation at the place designated in agree to act in this capacity
Michael	Dancen	_	10/18/13
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are t artment of State constitutes a third degree felony		
Betty J.	Required Signature/Incorporator	<u> </u>	10/18/13