## PHULL 39411

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DIVESION OF ENRIGHENION

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## **COVER LETTER**

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

SUBJECT:	SPC INTER	NATIONAL CO	nPANY
Enclosed are an orig	inal and one (1) copy of the art	TE NAME - MUST INCL	
\$70.00 Filing Fee	\$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Sylvia CA Name 1401 S. ARAGO	_	T#3_
	BunRise, Flority,	33313 State & Zip	

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

SPCINTC CONCAST. NET
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)

Mailing address, if different is:
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Name and Title:	Name and Title:
Address	Address:
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ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	
Name: SylviA CARTY	_ (wi1
Name: SylviA CARTY  Address: 1401 S. APAGON BIVD  SUNRISE, FL 32313	#3
SunRise PL 32313	_ 3
	_
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: SylviA CARTY  1401 S. ARAGON B  Suncist, FL 33	_ // 4). 1
Address: 1401 S. ARAGON B	10D. #3
Sumpies FL 22	- 313
June 12, 1	<u>-</u> /
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as r	
ins cerujicace, i un jamanai win and accept the appointment as i	
Required Signature/Registered Agent	<u>4. &gt;9. kf</u>
I submit this document and affirm that the facts stated herein as document to the Department of State constitutes a third degree feld	ve true. I am aware that the false information submitted in a copy as provided for in s.817.155, F.S.
A 0-	4 39 1.1
Required Signature/neorporator	4. 39. 14 Date