

PHOTOSHOP

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

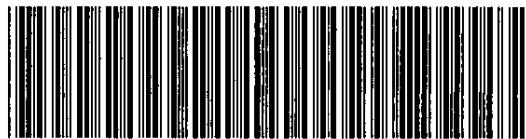
(Business Entity Name)

(Document Number)

(Document Number)

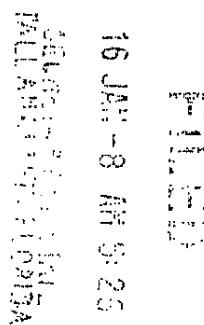
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



800280665228

01/08/16--01019--004 **87,50



Office Use Only

COVER LETTER

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

SUBJECT: SPRATLIN UNLIMITED CO
(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: BARBARA L SPRATLIN
Name (Printed or typed)

6069 LACOTA AVE
Address

FORT MYERS, FL 33905
City, State & Zip

239-707-9570
Daytime Telephone number

JSPEC40341@AOL.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)

ARTICLE I NAME

ARTICLE I NAME SPRATLIN UNLIMITED CO
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6069 LACOTA AVE
FORT MYERS, FL 33905

Mailing address, if different is:
6069 LACOTA AVE
FORT MYERS, FL 33905

ARTICLE III PURPOSE

ARTICLE III - PURPOSE FOR PROFIT The purpose for which the corporation is organized is:

ARTICLE IV SHARES

ARTICLE IV. SHARES ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOWARD E SPRATLIN JR CEO Name and Title: BARBARA L SPRATLIN DIRECTOR

Address 6069 LACOTA AVE Address: 6069 LACOTA AVE

FORT MYERS, FL 33905 FORT MYERS, FL 33905

Name and Title: _____ Name and Title: _____

Address: _____ **Address:** _____

Name and Title: _____

Address: _____

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: BARBARA L SPRATLIN

Address: 6069 LACOTA AVE

FORT MYERS, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HOWARD E SPRATLIN JR

Address: 6069 LACOTA AVE

FORT MYERS, FL 33905

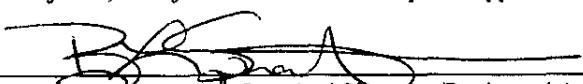
ARTICLE VIII EFFECTIVE DATE:

JANUARY 1, 2016 Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

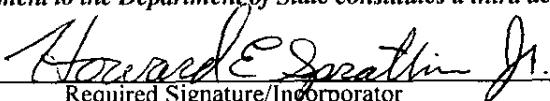


Required Signature/Registered Agent

01/04/2016

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.



Required Signature/Incorporator

01/04/2016

Date