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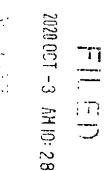
(Requestor's Name)				
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(Document Number)				
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October 16, 2020

To Whom It May Concern:

I am writing in regards to Document number P15000064992 for Sleepy Property Mgt, Inc. Document number P15000064992 was administratively dissolved on 9/25/2020. I would like to file for a new corporation with the same name. Attached is the new articles of incorporation. If you have any questions or concerns please call me 352-464-4925.

Thank you,

Bonita S. Tholund

COVER LETTER

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

2920 OCT -3 AM IO: 28

SUBJECT:	Slepy property	1 MH J JENAME-MUST INCLI	UDE 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			
	Posta Thal	ADDITIONAL CO	PY REQUIRED	A Mak >		
FROM:	P() RAX 114	(Printed or typed)	lepy Proper	ty Mgt. Inc.		
	Homosissa (ddress	FC 3445	17		
	City, 8 352. 466 Daytime Te	State & Zip 1 4925 lephone number				
	GULF Seas a C E-mail address: (to be used	for future annual report no	otification)			

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 The name of the corporation shall be:	Sleepy Prop	erry Mgt.	In		
ARTICLE II PRINCIPAL OFFICE Principal street 10333 Fast Goldele Floral City, Fri	address	y y Pa i	ailing address, if diff		
ARTICLE III PURPOSE The purpose for which the corporation is OUS I NU S S	is organized is:	J + all	lawfu		
				2020 OCT	— — 鬥
ARTICLE IV SHARES The number of shares of stock is:	3,000			-3 AH IO: 28	
ARTICLE V INITIAL OFFICERS			Zanta (1 Taxlum	1 110
	1148	Address:	PO DOX	1148	
Homosa ————	ssa Spn191. H 3444		Homosassa	Sp11191.	<u> </u>
Name and Title:		Name and Title:			_
					
Name and Title:		Name and Title			_
					_

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT and Name:	March and
Address: POBY ILL:	110100 5825 S. Behwhite 1 Phonosaisa, F1 11195, F1 34447
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Name: Address: PO ROX 1148 HOMOSASSA Spr	Tholund Fings, A 34447
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specififling.)	. (OPTIONAL) ic and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of State	ne applicable statutory filing requirements, this date will not be listed as te's records.
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment Required Signature/Registered	10/14/2020
	herein are true. I am aware that the false information submitted in a