

TRANSMITTAL LETTER

P97000017810

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

200002094012--6
-02/21/97--01022--006
****122.50 ****122.50

SUBJECT: Perfect Spiral Management Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Anthony J. Squitieri
Name (Printed or Typed)

5337 SW 11th Place
Address

Cape Coral, Florida 33914
City, State & Zip

941-945-0238
Daytime Telephone number

FILED
97 FEB 21 PM 8:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2/26/97
W97-4301

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Perfect Spiral Management Inc.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5337 SW 11th Place, Cape Coral, FL 33914

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anthony Squitieri
5337 SW 11th Place, Cape Coral, FL 33914

ARTICLE V PROVISIONS

Any provisions required or permitted to be set forth in the bylaws.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Anthony J. Squitieri, 5337 SW 11th Place, Cape Coral, FL 33914

Anthony P. Squitieri, 5337 SW 11th Place, Cape Coral, FL 33914

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
14th day of February _____, **19 97** _____.



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is Perfect Spiral Management Inc.

2. The name and address of the registered agent and office is:

Anthony Squitieri

(Name)

5337 SW 11th Place

(P.O. Box or Mail Drop Box NOT acceptable)

Cape Coral, Florida 33914

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

2/14/1997
(Date)

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TALLAHASSEE, FLORIDA