00050836 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (The) Experience Factory, In
Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Christian G. Saiia
Name (Printed or typed) 2505 Hickory Ave, Suite B Sara so fa FL 34234

City, State & Zip

941-362-2088

Daytime Telephone number

TRANSMITTAL LETTER

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

#### ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

The Experience Factory, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

2505 B. Rickory Ave. Ste. B Sarasota, FL 34734

### ARTICLE III SHARES

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

10,000 Shares of Common Stock

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Page C. Saiia, Vice President 2505 Hickory Ave., Suite B

Sarasota, FL 34234

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Christian G. Saiia, President 2505 Eickory Ave., Ste. B

Sarasota, FL 34234

Signature/Incorporator

Dat

(An additional article must be added if an effective date is requested.)

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/Registered Agent

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Date