

P97000055348

TRANSMITTAL LETTER
FILED

97 JUN 23 AM 10:57

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

STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Spirit World Co
(Proposed corporate name - must include suffix)

500002220355--3
-06/23/97--01162--004
*****78.75 *****78.75

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

ADDITIONAL COPY REQUIRED

FROM:

Jamie McGaughan
Name (Printed or typed)

10538 Lake Vista Circle
Address

Boca Raton, FL. 33498
City, State & Zip

561-477-8296
Daytime Telephone number

PH
6/24/97

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

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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.

TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Spirit World Co

ARTICLE II PRINCIPAL OFFICE

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

10538 Lake Vista Circle Boca Raton, FL 33498

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jamie McVaughn 10538 Lake Vista Circle
Boca Raton, FL 33498

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jamie McVaughn 10538 Lake Vista Circle
Boca Raton, FL 33498

Signature/Incorporator

Date

(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

Date