

TRANSMITTAL LETTER

P980000086367

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

SUBJECT:

SPONBILL SERVICES, INC

(Proposed corporate name - must include suffix)

600002657576--5

-10/07/98--01047--016

*****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:

TAMMY KATZ (SPONBILL SERVICES, INC.)

Name (Printed or typed)

7544 CAMERON CR

Address

Ft. Myers, FL 33912

City, State & Zip

(941) 561-7055

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT -7 PM 1:34

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

B. BROCK OCT 8 1998

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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.

ARTICLE I NAME

The name of the corporation shall be:

Spoonbill Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**7544 Cameron Circle
Ft. Myers, Florida 33912**

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Steven A. Grimes
1417 Creech Road
Naples, Florida 34103**

ARTICLE V INCORPORATOR


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

Tammy Katz

7544 Cameron Circle
Ft. Myers, FL 33912



Signature/Incorporator

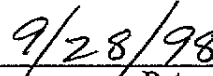


Date

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

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