

PP9000007171

TRANSMITTAL LETTER

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

SUBJECT: SPOONERS II, INC.

000002748430--2
-01/20/99--01097--015
*****78.75 *****78.75

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

O \$70.00
Filing Fee

~~O~~ \$78.75
Filing Fee & Certificate

O \$122.50
Filing Fee
& Certified Copy

O \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Todd Berger
810 63rd Avenue N.
St. Petersburg, FL 33702
(813) 522-3070

NOTE: Please provide the original and one copy of the ARTICLES OF INCORPORATION

FILED
99 JAN 20 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dmc
1-25-99

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: SPOONERS II, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2451 McAllen Booth Road, Unit 12, Safety Harbor, FL 33759.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand at \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Todd Berger, 810 63rd Avenue N., St. Petersburg, FL 33702

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Todd Berger, 810 63rd Avenue N., St. Petersburg, FL 33702

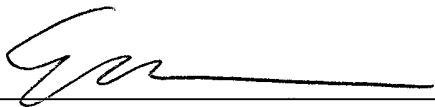


Signature/Incorporator

1/19/99

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations the obligations of my position as registered agent



Signature/Registered Agent

1/19/99

Date

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TALLAHASSEE, FLORIDA