

TRANSMITTAL LETTER

P99000010160

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

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-01/29/99--01101--012
*****78.75 *****78.75

SUBJECT: Sensory Perceptions, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Robert Lorenzo
Name (Printed or typed)
2835 Sunset Rd.
Address
McLaurine FL 32904
City, State & Zip
407-728-9106
Daytime Telephone number

FILED
199 JAN 29 AM 11:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

ARTICLE I NAME

The name of the corporation shall be:

Sensory Perceptions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2460 Minton Rd.
West Melbourne FL 32904

ARTICLE III SHARES

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

3

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

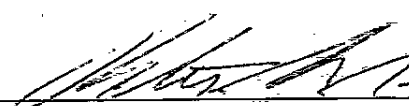
The name and Florida street address of the initial registered agent are:

Robert Lorenzo
2835 Sunset Rd. Melbourne FL 32904

ARTICLE V INCORPORATOR

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

Robert Lorenzo
2835 Sunset Rd. Melbourne FL 32904


Signature/Incorporator

Robert Lorenzo

1/27/99
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

Robert Lorenzo

1/27/99
Date

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