

P99000038773

TRANSMITTAL LETTER

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

800002851098--2
-04/26/99--01031--019
*****78.75 *****78.75

SUBJECT: Spectrum Unlimited 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: Gary R. Smith
Name (Printed or typed)

412 2nd Ave NW
Address

Largo, FL 33770
City, State & Zip

727-559-8508
Daytime Telephone number

99 APR 26 AM 8:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

45-2
1-2-99

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:

Spectrum Unlimited Inc.

ARTICLE II PRINCIPAL OFFICE

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

412 2nd Ave. NW
Largo, FL, 33770

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Janice Smith
412 2nd Ave. NW
Largo, FL, 33770

ARTICLE V INCORPORATOR

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

Gary R. Smith
412 2nd Ave. NW
Largo, FL, 33770


Signature/Incorporator

4/20/99
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 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

4/20/99
Date

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SECRETARY OF STATE
ALLAHUSSE, FLORIDA