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

SUBJECT: S:	ster s	Proposed con	In C.	e suffix)	
			٤	800002854 -04/28/99 *****78.79	-01063011
Enclosed is an original a	nd one(1) copy o	of the articles	of incorporation and a	check for:	
□ \$70.00 Filing Fee	☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate		□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
,			ADDITIONAL COPY REQUIRED		
FROM: _	Sister	Sail Name (Prin	ted or typed)	=	.
	373 E.	J. 90	urson st	· =	•

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

(850) 875- 4391 Daytime Telephone number

*****78.75

ARTICLES OF INCORPORATION	_
The undersigned incorporator, for the purpose of forming a corporation u Business Corporation Act, hereby adopts the following Articles of Incorpo	mder the Florida — oration.
ARTICLE I NAME	99
The name of the corporation shall be:	
Sister Sails, Inc.	APR LAH
	ASSIST
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporati	ion shall be:
373 E. Jefferson St.	— 富二 22
Duin Cy, Fl. 32341	— A
ARTICLE III SHARES	- <u>-</u>
The number of shares of stock that this corporation is authorized to l	have outstanding at any one time is:
500	
•	
ARTICLE IV INITIAL REGISTERED AGENT AND S	STREET ADDRESS
The name and Florida street address of the initial registered agent are	e: <u> </u>
Barbara John Son 373 E. Jeffer Son St.	-
Onin Cy, Fl. 32351	
ARTICLE V INCORPORATOR	<u>-</u>
The name and address of the incorporator to these Articles of Incompared Lynn Stillam, Rt. 1 Box 1945, C	rporation are:
Janet Evans, 2962 H: 11 Crest St., Ma	= 1: ang F1. 72448
Barbara Johnson, Rt. 6 Box 2002, Qu	in ey Fl. 32341
Ω	1
Olynosyna Stillan	4/27/99 =
Signature/Incorporator	Date_
Janet Evens	
Bawang ohna	<u>-</u>
(An additional article must be added if an effec	ctive date is requested.)
Having been named as registered agent and to accept service of process for the this certificate, I hereby accept the appointment as registered agent and agree to the provisions of all statutes relating to the proper and complete performance of	o act in this capacity. I further agree to comply wit
obligations of my position as registered agent	<u></u> . - - -
Barran	4-27-99
Signature/Registered Agent	Date