•	TRANSMIT	TAL LETTER	8814	
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 323	ions			99 JUL 28 PM 2: 10
SUBJECT:	Sights and Corporate Corpo	21S10C- rate name - must include suff	īx)	2: 16 2: 16
		1	0000294- -07/28/99- *****78.75	41515 - -01065003 5 *****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 of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Name (Printed or typed)				
2832 Beach Blyd S. #C				
_Gulfport FL 33707				

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

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:

Sights and Cells, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2832 Beach Blvd. S. Suite C Gulfport, FL 33707

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Nicole Davis 2832 Beach Blvd. S. Suite C Gulfport, FL 33707

ARTICLE V INCORPORATOR

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

Nicole Davis 2832 Beach Blvd. S. Suite C Gulfport, FL 33707

Signature/Incorporator

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

Date