

TRANSMITTAL LETTER

P99000070526

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

SUBJECT:

No Spoon, Inc.

(Proposed corporate name - must include suffix)

000002947620--7

-08/02/99--01108--010

*****70.00 *****70.00

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:

Cuneyt I. Koker

Name (Printed or typed)

2921 Ramada Dr. #398

Address

Tampa, FL 33613

City, State & Zip

813-972-3852

Daytime Telephone number

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99 AUG -2 PM 6:26

FILED

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:

NO SPOON, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1515 E. Fletcher Ave.
Tampa, FL 33612

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cuneyt I. Koker
2921 Ramada Dr. #398
Tampa FL 33613

ARTICLE V INCORPORATOR

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

Cuneyt I. Koker
2921 Ramada Dr. #398
Tampa FL 33613


Signature/Incorporator

7-29-99
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

7-29-99
Date