## TRANSMITTAL LETTER

9000075250 Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT: The SpareRoll 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 \$78.75 **□**\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Dönha Fedore FROM: Name (Printed or typed) 7455 N W 7th Place Address Margate, FL 33063 City, State & Zip 954-978-6255

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

Daytime Telephone number

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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: The SpareRoll Inc.

## ARTICLE II PRINCIPAL OFFICE

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

7455 N W 7th Place, Margate, FL 33063

#### ARTICLE III SHARES

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

(100) shares having a par value of one dollar (\$1.00) per share

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donna Fedore, 7455 N W 7th Place, Margate, F1 33063

### ARTICLE V INCORPORATOR

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

Donna Fedore, 7455 N W 7th Place, Fl 33063

Donna Flore
Signature/Incorporator

8-16-95

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

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8-16-99

Signature/Registered Agent

Date