Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 ARVANITIS/PE Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 □\$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 FROM: ____

Name (Printed or typed)

2699 Seville BLVD Unit 609

Address

Cle Arwater FL 33769

City, State & Zip

(727) 347-1340

Daytime Telephone number

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

9.75

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.	
Sign of	3 2
ARTICLE I NAME	~, ~
The name of the corporation shall be:	4. 1
ARVANITIS / PETRO LAND COMPANY	C. C
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	Ÿ
2699 SEVILLE BLVD UNIT 609	
CLEARWATER, FL 33764	
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 street address of the initial registered agent are:	
2699 SEVILLE BLUD UNIT	609
CLEARWATER, FL 33764	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
DR ALEX PETRO	•
2699 SEVILLE BLVD UNIT 609	
CLEARWATER, FL -33764	
Dr ales Petro 8-30-99	
In Oleo Petro 8-30-99 Signature/Incorporator Date	
Samuel Victor por total	
(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 design certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and	ly with the
obligations of my position as registered agent	
Dr Oleo Fetro 8-30-89	<u></u> 4
Signature/Registered Agent Date	