TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 1000029 SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **☑**\$78.75 ... \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed)

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

Daytime Telephone number

428-4980

ARTICLES OF INCORPORATION

Signature/Incorporator

ARTICLES OF INCOM CRATION	
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	FILED
ARTICLE I NAME	99 SEP -2 PM 12: 06
The name of the corporation shall be:	SECRETARY OF STATE
SAND'S OF TIME, INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 310 FLAGLER AVENUE NEW SMYROVA BEACH, FL 32169	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AD	<u>DRESS</u>
The name and Florida street address of the initial registered agent are: C, Rould Seibaro, TR.	
11 RICHMOND DRIVE NEW SMYNDA BEACH, 74 37/69	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are: C, Rollin Seibold, Ja.	
WEND SMYROWA BEACH, FL 32169	

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(An additional article must be added if an effective date is requested.)

Date

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