

PO3000070906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

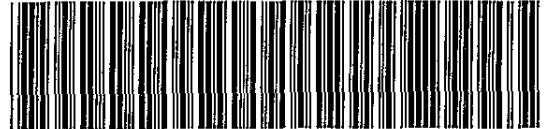
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100020522481

06/16/03--01029--006 **78.75

FILED
03 JUN 26 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-17528

TRANSMITTAL LETTER

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

SUBJECT: E GO Trip Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Paul Schmidt
Name (Printed or typed)

 2676 WHITE CEDAR LN.
Address

 NAPLES FL. 34109
City, State & Zip

 239 513 1965
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 18, 2003

PAUL SCHMIDT
2676 WHITE CEDAR LN
NAPLES, FL 34109

SUBJECT: E GO TRIP INC.
Ref. Number: W03000017528

We have received your document for E GO TRIP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please complete articles VI & VII.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 103A00037620

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

E GO TRIP OF S.W. FLA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4365 BONITA BEACH RD. #116
BONITA SPRINGS, FL. 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELECTRIC BIKE RENTAL AND RETAIL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

~~2~~ 1 (ONE)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PAUL R. SCHMIDT OWNER
2676 WHITE CEDAR LN.
NAPLES, FL. 34109

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES OF REGISTERED ~~STATE~~ AGENT. PAUL R SCHMIDT
2676 WHITE CEDAR LN.
NAPLES, FL. 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~SAME~~

PAUL R. SCHMIDT
4365 BONITA BEACH RD. #116
BONITA SPRINGS, FL 34134

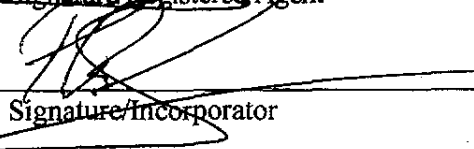
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-12-03

Date



Signature/Incorporator

6-12-03

Date