

PO4000172225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

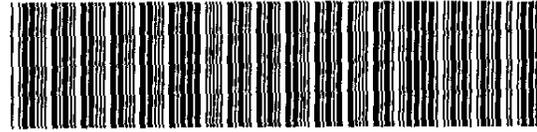
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/04--01076--009 **78.75

STATE OF MICHIGAN
DEPARTMENT OF TREASURY
MILWAUKEE, WISCONSIN

04 DEC 27 AM 11:05

FILED

C.F. 12/28

TRANSMITTAL LETTER

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

SUBJECT: WICKED STRIKE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: CHARLES STONE
Name (Printed or typed)

5796 SW 89 WAY
Address

COOPER CITY FL 33328
City, State & Zip

954-445-2633
Daytime Telephone number

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

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:

WICKED STRIKE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5796 SW 89 WAY
COOPER CITY FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES
WHOLESALE SALES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHARLES STONE
5796 SW 89 WAY
COOPER CITY FL 33328
PRESIDENT, CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KATHLEEN STONE
5796 SW 89 WAY
COOPER CITY FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES STONE WAY
5796 SW 89 WAY
COOPER CITY FL 33328

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

Kathleen Stone

Signature/Registered Agent

12 22 07

Date

Charles Stone

Signature/Incorporator

12-22-07

Date

FILED
04 DEC 27 11:05
STATE OF FLORIDA
TALLAHASSEE