

P08000000744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

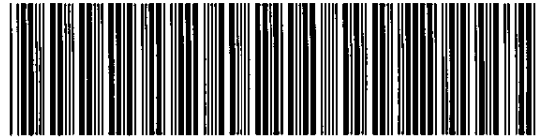
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/04/08--01001--006 **87.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 JAN -3 PM 3:20

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN -3 PM 3:34

FILED

MRS
1/3/08

COVER LETTER

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

SUBJECT: The Bargain Zone
(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: Leon Spikes
Name (Printed or typed)

8943-1 Lemturner Rd
Address

Jax Fl. 32208
City, State & Zip

904 487-7099
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: *The Bargain Zone INC.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: *8943 Lemturner Rd
Jacksonville Florida
32208*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *any and all lawful Buss.*

ARTICLE IV SHARES

The number of shares of stock is: *1*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Leon Spikes Pres.
8943-1 Lemturner Rd
Jacksonville Florida
32208*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: *Leon Spikes
8943-1 Lemturner Rd
Jacksonville Florida
32208*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Leon Spikes
1436 Golf Air Blvd
Jacksonville Florida.
32209*

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]

Signature/Registered Agent

1-3-08

Date

[Signature]

Signature/Incorporator

1-3-08

Date