

P/0000055968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

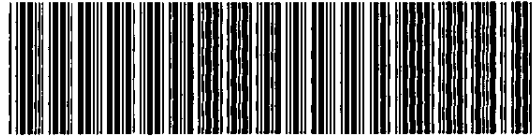
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL -6 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-10 ch

COVER LETTER

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

SUBJECT: Ride Out Cycles 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

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

FROM: John Fil
Name (Printed or typed)
3921 W. Iowa Ave
Address
Tampa, FL 33616
City, State & Zip
813-245-6937
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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:

Ride Out Cycles Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3921 W. Iowa Ave

Tampa , FL 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

JOHN FIL

3921 W. IOWA

AVE

TAMPA, FL 33616

ARTICLE VI REGISTERED AGENT

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

JOHN FIL

3921 W. IOWA AVE

TAMPA, FL 33616

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN FIL

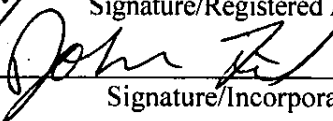
3921 W. IOWA AVE

TAMPA, FL 33616

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



Signature/Incorporator

6-30-10

Date

6-30-10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -6 AM 10:28

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