# P9888MITTAL LETTER 101816

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



SUBJECT: A N CHOR - ARM GRIP, I NC.

(Proposed corporate name - must include suffix)

700002700397--2 -12/02/98--01064--012 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: AURA L. CHIPPAS
Name (Printed or typed)

15170 JOHN TRAIL N.

PALM BCH. GARDENS, FI 33418 City, State & Zip

561 - 748 - 8443 Daytime Telephone number

19-99

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

. Anchor ARM GRIP, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

15170 70th TRAIL N., P.B.G, FL 33418

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LAURA CHIPPAS 15190 70m TRAIL N., P.B.G., FL 33418

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

LAURA CHUPPS 15170 70th TRAILN. P.BG, FZ 33418

Signature/Incorporator 11-23-98
Date

ARTICLE VI EFFECTIVE DATE JAH. 1, 1999

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

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

1-1-99