

TRANSMITTAL LETTER

P000000097714

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

400003426674--8  
-10/17/00--01005--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Imagine Ventures, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Caroline McKeon  
Name (Printed or typed)

133 80<sup>th</sup> AVE. N.  
Address

St. Petersburg, FL 33702  
City, State & Zip

727. 578. 0044  
Daytime Telephone number

FILED  
00 OCT 16 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gm 10/17

# 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: Imagine Ventures. Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6707 Canton Street. S.  
St. Petersburg. FL 33712

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail and Internet Sales

## ARTICLE IV SHARES

The number of shares of stock is: 1,000 @ \$.01 per share

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Pres. & Sec. Jeffrey Adam Hall 6707 Canton St. S.  
St. Petersburg. FL 33712

V. Pres & Treas Sharon Lynn Hall 6707 Canton St. S.  
St. Petersburg FL 33712

## ARTICLE VI REGISTERED AGENT

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

Caroline McKeon  
133 80th AVE. N. St. Petersburg. FL 33702

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Caroline McKeon  
133 80th AVE. N. St. Petersburg. FL 33702

\*\*\*\*\*  
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

Caroline McKeon  
Signature/Registered Agent

10-12-00  
Date

Caroline McKeon  
Signature/Incorporator

10-12-00  
Date

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00 OCT 16 PM 2:14  
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