

TRANSMITTAL LETTER

**NO2000002388**

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

SUBJECT: Foxy Riders Motorcycle Club of America, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600005174646--3  
-03/28/02--01039--019  
\*\*\*\*\*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  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Shelley Mcbwire  
Name (Printed or typed)

600005174646--3  
-03/28/02--01039--020  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

9 Flat Rock Ln.  
Address

Palm Coast, Fl. 32135  
City, State & Zip

386-445-1486 / 503-1507  
Daytime Telephone number

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

FILED  
2002 MAR 28 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bc 4/3

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Soxy Riders Motorcycle Club of America, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 350322 Palm Coast, FL 32135-0322

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to secure  
The name of our club

FILED  
2002 MAR 28 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

majority vote of members

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Shelley McGuire 9 Flat Rock Lane, P.C., FL 32137  
President

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shelley McGuire 9 Flat Rock Lane, P.C., FL 32137

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelley McGuire 9 Flat Rock Ln. P.C. FL, 32137

\*\*\*\*\*  
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.

Shelley McGuire  
Signature/Registered Agent

3/21/02  
Date

Shelley McGuire  
Signature/Incorporator

3/21/02  
Date