# N05000000976

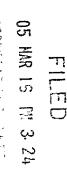
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
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Office Use Only



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C.J.3.

# TRANSMITTAL LETTER

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

SUBJECT:	Platinum Angelz Motorcycle (PROPOSED CORPORATE	Club TNC NAME-MUST INCLUI	DE SUFFIX)	
Enclosed is an original	and one(1) copy of the Article	es of Incorporation and a	check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM: Aileen Brown Name (Printed or typed)				
	5002 Castille Place Apt. 358 Address			
Tampa,Fl 33617  City, State & Zip				
813-914-0654  Daytime Telephone number				

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

# ARTICLES OF INCORPORATION

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

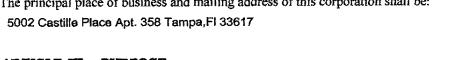
#### ARTICLE I

The name of the corporation shall be:

Platinum Angelz Motorcycle Club INC.

## ARTICLE II PRINCIPAL OFFICE

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



# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The majority of our charter members are Tampa Bay natives. We are all joined by the love of riding motorcycles and the want to give back to the communities in which we live, work and ride. We support other clubs, non-profit ,charity funtions, and organizations as well as host.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By a vote by the club memebers

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Aileen Brown 5002 Castille Place Apt. 358 Tampa, Fl 33617- President Candra Granville Mack P.O. Box 341584 Tampa, Fl. 33694- Vice-President LaTashia Douglas 1206 Mitchell St. Brandon, Fl. 33511- Bus. Manager/Director Candi Brantley 3107 N 15th St. Tampa, Fl. 33605- Sectetary

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Aileen Brown 5002 Castille Place Apt. 358 Tampa,FI 33617

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Aileen Brown 5002 Castille Place Apt. 358 Tampa, Fl 33617

***********	*************
Having been named as registered agent to accept service of in this certificate, I am familiar with and accept the appoint	process for the above stated corporation at the place designated ment as registered agent and agree to act in this capacity.
Skow	B10105
Signature/Registered Agent	Date
A Bun	3/10/05
Signature/Incorporator	Date