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### TRANSMITTAL LETTER

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

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3008 Commonwealth Ave.		
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NOTE: Please provide the original and one copy of the articles.



**OF** 

### PRECIOUS MEMORIES MOTORCYCLE ESCORT SERVICE INC.

The undersigned, acting as incorporators a corporation pursuant Florida Corporations Law Statute 607 governing non-profit corporations, adopts the following Articles of Incorporation.

### ARTICLE I NAME\_

The name of the corporation shall be:

PRECIOUS MEMORIES MOTORCYCLE ESCORT SERVICE INC.

### ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address shall be:

3008 Commonwealth Ave. Jacksonville, Florida 32254

### ARTICLE III <u>PURPOSES</u>

Specific purposes of the corporation areas follows:

1. Development of programs designed to promote motorcycle riding and the networking on motorcycling organization and individual motorcycle riders and owners.

- 2. To engage in the commercial operation of a professional motorcycle escort service.
- 3. To engage in any other legal business necessary to the achievement corporate goals and objectives.

### ARTICLE IV DISSOLUTION CLAUSE

Dissolution shall omly be by the Board of Directors or an act of law.

# ARTICLE VI THE INITIAL REGISTERED AGENT AND STREET ADDRESS

The initial registered agent and street address shall be:

Nicolla Mack 3008 Commonwealth Ave. Jacksonville, Florida 32254

### ARTICLE VII BOARD OF DIRECTORS

The initial Board of Directors shall consist of shall be appointed by the incorporators.

#### ARTICLE VIII

### **BYLAWS**

The bylaws will be formulated and implemented by the initial Board of Directors.

## ARTICLE IX INCORPORATORS

The names and street addresses of the incorporators are as follows:

Name Address Signature

1. Nicolla Mack 3008 Commonwealth Ave.

Jacksonville, Florida 32254

The hereinabove signed incorporators have executed these Articles of Incorporation on this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

### STATEMENT OF REGISTERED AGENT

Name and address of the registered agent is as follows:

Nicolla Mack 3008 Commonwealth Ave. Jacksonville, Florida 32254

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 of the statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

Date