

N1600001175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

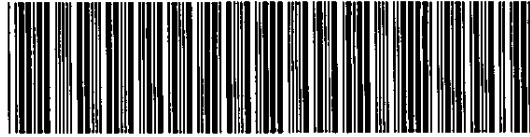
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CLERK OF COURT
TALLAHASSEE, FLORIDA

V HERRING
NOV 23 2016

COVER LETTER

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

SUBJECT: ENDANGERED SPECIES MOTORCYCLE CLUB INTERNATIONAL, 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

ADDITIONAL COPY REQUIRED

FROM: CLINTON MUTTER
Name (Printed or typed)

175 73RD AVE N, #210
Address

ST. PETERSBURG, FL 33702
City, State & Zip

910-581-6764
Daytime Telephone number

ESMCGLOBAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 NAME

The name of the corporation shall be: ENDANGERED SPECIES MOTORCYCLE CLUB INTERNATIONAL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
175 73RD AVE N, #210

ST. PETERSBURG, FL 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MOTORCYCLE CLUB

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OBRIAN RODRIGUEZ, P

Address: 30849 PARK VISTA CIR
TEMECULA, CA 92591

Name and Title: _____

Address: _____

Name and Title: JESSE PEREZ, VP

Address: 120 RUNAWAY BAY DR, #205
VIRGINIA BEACH, VA 23452

Name and Title: _____

Address: _____

Name and Title: CLINTON MUTTER, T

Address: 175 73RD AVE N, #210
ST. PETERSBURG, FL 33702

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED

2016 NOV 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CLINTON MUTTER

Address: 175 73RD AVE N, #210
ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLINTON MUTTER

Address: 175 73RD AVE N, #210
ST. PETERSBURG, FL 33702

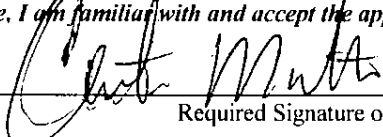
ARTICLE VIII EFFECTIVE DATE: 10/19/2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

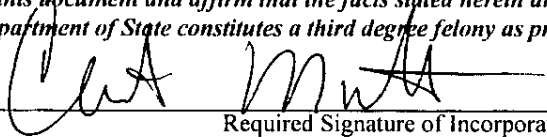


Required Signature of Registered Agent

10/19/2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10/19/2016

Date