

TRANSMITTAL LETTER

P000000/4627

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

FILED
00 FEB 10 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BAD CREDIT FISHIN TEAM 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: STEVEN C CARLSON
Name (Printed or typed)

52 OAK WOOD DR N
Address

ENGLEWOOD FL 34223
City, State & Zip

941-475-0065
Daytime Telephone number

100003131541--8--
-02/10/00--01045--007
*****87.50 *****87.50

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

D. BROWN FEB 10 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BAD CREDIT FISHIN TEAM INC

ARTICLE II PRINCIPAL OFFICE

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

52 OAK WOOD DR N ENGLEWOOD FL 34223

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

STEVEN C CARLSON

52 OAKWOOD DR N ENGLEWOOD FL 34223

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEVEN C CARLSON

52 OAKWOOD DR N ENGLEWOOD FL 34223


Signature/Incorporator

2/1/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

2/1/00
Date

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TALLAHASSEE, FLORIDA

ARTICLE VI OFFICERS

PRESIDENT STEVEN C Carlson
52 OAK WOOD DR N
ENGLEWOOD FL 34223

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TALLAHASSEE, FLORIDA

SECRETARY ROBIN L ROTH
52 OAK WOOD DR N
ENGLEWOOD FL 34223

~~DEPUTY~~ / DIRECTOR JAMES SCHAMBERS
6703 12TH AV NW
BRADENTON FL 34209

TREASURER STEVEN W. Carlson
52 OAK WOOD DR N
ENGLEWOOD FL
~~34223~~ 34223