

TRANSMITTAL LETTER

P000000020197

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

SUBJECT: 1.99 CITY Kissimmee, Inc.
(Proposed corporate name - must include suffix)

200003141872--4
-02/21/00--01125--004
*****78.75 *****78.75

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: Joe) BLAKE
Name (Printed or typed)

601 BLUE LAKE DR.
Address

Longwood, FL 32779
City, State & Zip

(407) 492-3612
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB 21 AM 8:37

FILED

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

CC
288-00

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:

1.99 City Kissimmee, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1500 West Vine Street
Kissimmee, FL 32741

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joel Blake
601 Blue Lake Dr. Longwood, FL 32779

ARTICLE V INCORPORATOR

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

Joel Blake
601 Blue Lake Dr
Longwood, FL 32779

Joel Blake

Signature/Incorporator/REGISTERED AGENT

2-16-00

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

FILED
00 FEB 21 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA