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TRANSMITTAL LETTER

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

700003172497--7

-03/16/00--01061--002

*****78.75 *****78.75

SUBJECT:

Mind Benders Inc

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 16 AM 8:30

FILED

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:

Peter FAGAN

Name (Printed or typed)

4 Bowtie Place

Address

Palm Coast FL 32137

City, State & Zip

(904) 445-6719

Daytime Telephone number

F. 04/15/00

MAR 23 2000

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Mind Benders INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2 office Park
Suite C
PALM Coast, FLA, 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred. (100)

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): Peter J FAGAN (President/Treasurer) 4 Bowie Pl.
Antilla FAGAN (VICE-President/Secretary) PALM Coast FL 32137
4 Bowie place
PALM Coast, FL 32137

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Antilla FAGAN 4 Bowie Pl
PALM Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Peter J FAGAN 4 Bowie Pl
PALM Coast FL 32137

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.

Antilla Fagan
Signature/Registered Agent

3/13/00
Date

Peter J Fagan
Signature/Incorporator

3/13/00
Date

FILED
00 MAR 16 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA