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TRANSMITTAL LETTER

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

300003198353--6
-04/06/00--01063-015
*****78.75 *****78.75

SUBJECT:

BOBBY BURGoyNE INCORPORATED
(Proposed corporate name - must include suffix)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APR - 6 AM 8:06

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

BOBBY BURGoyNE

Name (Printed or typed)

1422 THAMES LANE

Address

Clearwater, Fla 33755

City, State & Zip

727-507-9769

Daytime Telephone number

F. 04-150000

APR 1 2 2000

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

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: Bobby Burgoyne INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

1422 THAMES LANE
Clearwater, Fla 33755

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Bobby Burgoyne
1422 THAMES LANE
Clearwater, Fla 33755

ARTICLE V INCORPORATOR

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

Bobby Burgoyne
1422 THAMES LANE
Clearwater, Fla 33755

Bobby Burgoyne
Signature/Incorporator

4/4/00
Date

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

Having been named as registered agent and in 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.

Bobby Burgoyne
Signature/Registered Agent

4/4/00
Date

RECEIVED
TALLAHASSEE, FLORIDA

700 APR - 6 AM 8:05

FILED