# TRANSMITTAL LETTER

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

Central Florida Tie-Downs, Inc. SUBJECT: (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

**3** \$78.75

Filing Fee

Filing Fee

& Certificate of Status

**S78.75** 

Filing Fee & Certified Copy □ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM	Joseph L. Krantz
FROM: _	Name (Printed or typed)
•	
-	1016 Tony Circle
	Address
	•
	St. Cloud, Florida 34772
	City, State & Zip
	· ·
	407-891-9852
	Douting Telephone number

S. Thompson MAY 0 4 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:

Central Florida Tie-Downs, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1016 Tony Circle St. Cloud, Florida 3477**2** 



### ARTICLE III SHARES

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

500 shares of stock at \$1.00 (one dollar) par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joseph L. Krantz 1016 Tony Circle St. Cloud, Florida 34772

### ARTICLE V INCORPORATOR

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

Joseph L Krantz 1016 Tony Circle, St. Cloud, Florida 34772 Mellissa A. Krantz 1016 Tony Circle, St. Cloud, Florida 34772

x Osesh L. Marty 4-28-00
Signature/Incorporator

(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 Date