

PO0000059234
(SAMPLE LETTER OF TRANSFER)
DATE June 8, 2000

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

600003285896--5
-06/13/00--01002--013
****122.50 *****78.75

Re: The Groovie Smoothie, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

C. D. Colee
Craig D. Colee

Craig D. Colee

(Individual's Name)

The Groovie Smoothie

(Name of Corporation)

FILED
00 JUN 12 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS OF CORPORATION

6 St. George Street

St. Augustine, Florida 32084

PHONE

(904) 823-9494

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

The Groovie Smoothie, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

The Groovie Smoothie, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
6 St. George Street		
CITY	St. Augustine	FLORIDA ZIP 32084
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Craig D. Colee	
ADDRESS	6 St. George Street	
CITY	St. Augustine	FLORIDA ZIP 32084

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Craig D. Colee		
ADDRESS	48 Sea Park Drive		
CITY	St. Augustine	STATE	Florida
		ZIP	32084
NAME	Bryan W. Colee		
ADDRESS	48 Sea Park Drive		
CITY	St. Augustine	STATE	Florida
		ZIP	32084
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Craig D. Colee		
ADDRESS	48 Sea Park Drive		
CITY	St. Augustine	STATE	Florida
		ZIP	32084
NAME	Bryan W. Colee		
ADDRESS	48 Sea Park Drive		
CITY	St. Augustine	STATE	Florida
		ZIP	32084
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 8th day of June, ~~19~~ 2000.

Craig D. Colee (Signature)
Bryan W. Colee (Signature)
____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Groovie Smoothie, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

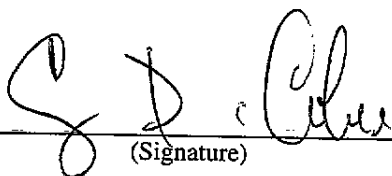
at 6 St. George Street

St. Augustine, Florida 32084

has named Craig D. Colee

located at the aforesaid address, as its registered agent to accept service of process within this
state.

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 regis-
tered 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)

6-8-00

(Date)