

TRANSMITTAL LETTER

P000000064273

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

SUBJECT:

Funky Groove Etc. Incorporated  
(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  
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:

Shawn Cooley  
Name (Printed or typed)

1109 Hwy 44  
Address

Crystal River FL 34428  
City, State & Zip

352-564-8330  
Daytime Telephone number

600003302826--1  
-06/23/00-01064-013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL -3 PM 2:04

FILED

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

J. Burch JUL 3 - 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 27, 2000

SHAWN COOLEY  
1109 HWY 44  
CRYSTAL RIVER, FL 34428

SUBJECT: FUNKY GROOVE ETC. INCORPORATED  
Ref. Number: W00000016351

We have received your document for FUNKY GROOVE ETC. INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 600A00036195

# 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:

Funky Groove Etc. Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1109 Hwy 44  
Crystal River FL 34429

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Gift or Novelty Shop

## ARTICLE IV SHARES

The number of shares of stock is:

(S.C.)  
100 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Shawn L Cooley  
3165 S. Lee way  
Homosassa FL 34448

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shawn L Cooley  
3165 S. Lee way  
Homosassa FL 34448

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Shawn L Cooley  
Signature/Registered Agent Shawn L Cooley

6/22/00  
Date

Shawn L Cooley  
Signature/Incorporator Shawn L Cooley

6/22/00  
Date