

PO0000078113

TRANSMITTAL LETTER

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

400003353604--2
-08/11/00--01055--009
*****78.75 *****78.75

SUBJECT: DOUBLE D SMOOTHIES, INC.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DONALD L. MAKRIANES
Name (Printed or typed)

1704 SPLIT FORK DRIVE
Address

OLDSMAR, FL. 34677
City, State & Zip

727-539-7429
Daytime Telephone number

FILED
00 AUG 11 PM 3:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T. BROWN AUG 17 2000

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DOUBLE D SMOOTHIES, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1704 SPLIT FORK DRIVE OLDSMAR, FLORIDA 34677

ARTICLE III SHARES

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

500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DONALD L. MAKRIANES
1704 SPLIT FORK DRIVE
OLDSMAR, FL. 34677

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

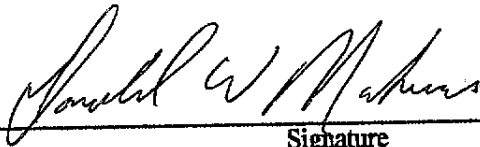
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Donald L. Makrianes - 1704 Split Fork Drive, Oldsmar, Fl. 34677
David Makrianes - 2545 N.E. Coachman Rd #56 Clearwater, Fl. 33765

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7th day of August, ~~19~~ 2000

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



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is DOUBLE D SMOOTHIES, INC.

2. The name and address of the registered agent and office is:

DONALD L. MAKRIANES

(NAME)

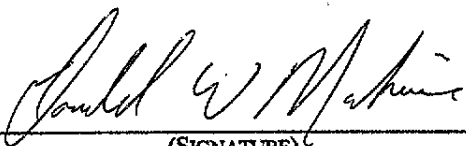
1704 SPLIT FORK DRIVE

(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OLDSMAR, FL. 34677

(CITY/STATE/ZIP)

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)

8-7-00

(DATE)