# TRANSMITTAL LETTER O1000 /80/2

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

Picador 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 \$78.75 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

> Mark Angle FROM: Name (Printed or typed) 2902 West Villa Rosa Pk. Address Tampa, FL 33611 City, State & Zip 813-805-2949 Daytime Telephone number

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

# 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:

Picador Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2902 West Villa Rosa Pk. Tampa, FL 33611

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

As the basis for a consultation business

### ARTICLE IV SHARES

The number of shares of stock is:

1.000

# INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Mark Angle

### REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Mark Angle

2902 West Villa Rosa Pk. Tampa, FL 33611

## **INCORPORATOR** ARTICLE VII

The name and address of the Incorporator is:

Mark Angle

2902 West Villa Rosa Pk. Tampa, FL 33611

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

Signature/Registered Agent

Signature/Incorpora

92/14/6/ Date / 14/6/

OF EB 6 M.O.O.