

TRANSMITTAL LETTER

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

SUBJECT: Sopchoppy Outfitters/Backwoods Adventures, 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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: David Pierce
Name (Printed or typed)

400003797654--1

-03/05/01--01024--018

*****78.75 *****78.75

106 Municipal Avenue
Address

Sopchoppy, FL 32358
City, State & Zip

(352) 409-0571
Daytime Telephone number

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR -5 AM 10:56

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

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:

Sopchoppy Outfitters / Backwoods Adventures, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

106 Municipal Avenue
Sopchoppy, FL. 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales &/or Services to Customers

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President: Robert Seidler
191 Pine Lane
Crawfordville, FL 32327

Vice President: David Pierce
P.O. Box 13742
Tallahassee, FL
32317

ARTICLE VI REGISTERED AGENT

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

David Pierce
106 Municipal Avenue
Sopchoppy, FL. 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronald C. Benfield
58 Sioux Circle
Havana, FL. 32333

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR -5 AM 10:57

APPROVED
AND
FILED