## TRANSMITTAL LETTER

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

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SUBJECT:	J.A.R. Inc. (PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	Village, ude suffix 8000039 -03/27/0:	11518 3
			******/8,	.75 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Timothy A. Leach Name (Printed or typed)				
808 W. 8th St. Circle Address				
	Lynn Haven, Flo City, 850.271-1958	rida 3244. State & Zip	4	
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles. AUTHORIZATION BY PHONE TO

W01-7294

J. BRYAN APR - 2 2001



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 2001

TIMOTHY A. LEACH 808 W. 8TH SE CIR. LYNN HAVEN, FL 32444

SUBJECT: J.A.R. INC.

Ref. Number: W01000007294

We have received your document for J.A.R. INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6929.

Joey Bryan Document Specialist New Filing Section

Letter Number: 301A00019428

## 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: Gilligan's Village, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 808 W. 8th St. Circle Lynn Haven, Fl 32444 ARTICLE III PURPOSE The purpose for which the corporation is organized is: manufacturing ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Timothy A. Leach-President Jana A. Leach - Sec/Tr. REGISTERED AGENT The name and Florida street address of the registered agent is: Timothy A. Leach 808 W. Oth St. Circle Lynn Haven, Fl 32444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Timothy A, Leach 808 W. 8th St Circle Lynn Haven, Ft 32444 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/Incorporator