

TRANSMITTAL LETTER

P01000062724

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

SUBJECT: Survivor Enterprises, Com, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

4000004437684--2
-06/22/01--01083--010
*****78.75 *****78.75

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 Jay Roberts
Name (Printed or typed)

600 Breakers Ave., #1/2B
Address

Ft. Lauderdale, Fla. 33304
City, State & Zip

954-830-7865
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 AM 10:37

FILED

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

F. CHESER

JUN 22 2001

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:

Survivor Enterprises, Corp., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

600 Breakers Ave., #1/2B
Ft. Lauderdale, Fla. 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales of T-shirts & other items

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

David Jay Roberts - P., V.P., S., T.
600 Breakers Ave., #1/2B
Ft. Lauderdale, Fla. 33304

ARTICLE VI REGISTERED AGENT

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

David Jay Roberts
600 Breakers Ave., #1/2B
Ft. Lauderdale, Fla. 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Jay Roberts
600 Breakers Ave., #1/2B
Ft. Land., Fla. 33304

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

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