TRANSMITTAL LETTER									
A01000110	1859	OI HOV 15 PI TALLAHASSEE	ED						
Department of State Division of Corporations P. O. Box 6327	e.	TALLAHASSEE. FL	STATE ORIE						
Tallahassee, FL 32314	80	and the same of th	<b>_4</b> 005						
SUBJECT: GULF COAST MOTORCYCLL (PROPOSED CORPORAT	E TRAINING INC E NAME - MUST INCLU	DE SUFFIX)							
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:							
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status							
FROM: <u>EDWARD DALE WHIDD</u> Name (Pr	Out rinted or typed)								
2993 HOLMES VALLE	Y ROAD Address	·							
VERNON, FLORIDA32462  City, State & Zip									
350-535-9077  Daytime Telephone number									

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

AUTHORIZATION BY PHONE TO

CORRECT

DATE

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TYAN Way Shows

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

# ARTICLE I NAME

The name of the corporation shall be:

GULF COAST MOTORCYCLE TRAINING, INC.

# PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

2993 HOLMES VALLEY ROAD VERNON, FLORIDA 32462

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

MOTORCYCLE SAFETY TRAINING

#### ARTICLE IV SHARES

The number of shares of stock is:

ONE

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

N/A

# ARTICLE VI REGISTERED AGENT

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

Edward D While EDWARD DALE WHIDDON

2993 HOLMES VALLEY ROAD - VERNON, FLORIDA 32462

# ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Edward D White

EDWARD DALE WHIDDON 2993 HOLMES VALLEY ROAD

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 ///20/ Date Signature/Incorporator