

P01000114018

TRANSMITTAL LETTER

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

100004696541--3  
-11/28/01--01030--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Heads Up Products, 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: Heads Up Products, Inc.  
Name (Printed or typed)

435 S. RIDGEWOOD AVE. #210  
Address

DAYTONA BEACH, FLORIDA 32114  
City, State & Zip

(904) 255-5454  
Daytime Telephone number

FILED  
01 NOV 28 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12-3-01  
420

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Heads Up Products, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

435 S. RIDGEWOOD AVE., #210  
DAYTONA BEACH, FLORIDA 32114

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

AUTHORIZE 10,000 @ \$1.00 PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Walter Albright  
1730 State St.  
Holly Hill, Fl. 32117

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Walter Albright  
1730 State St.  
Holly Hill, Fl. 32117

ARTICLE VI EFFECTIVE DATE: 1-1-02

  
Signature/Incorporator

11-26-01  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
Signature/Registered Agent

11-26-01  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA