

TRANSMITTAL LETTER
P02000039325

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

400005195714--6
-04/05/02--01059--002
*****70.00 *****70.00

SUBJECT: GREAT ADVENTURE - OUTFITTERS, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARGARET A. LEVINGS
Name (Printed or typed)

225 NORTH JEFFERSON ST
Address

MONTICELLO, FL 32344
City, State & Zip

850 / 997-5900
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -5 PM 5:28

FILED

04-11-02

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

FILED
02 APR -5 PM 5:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: Great Adventure Outfitters, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 225 North Jefferson Street
Monticello, Florida 32344

ARTICLE III SHARES


The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000
shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and Florida street address of the initial registered agent is: Margaret A. Levings, 4679 West
Washington, Monticello, Florida 32344

ARTICLE V INCORPORATOR

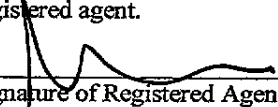
The name and address of the incorporator to these Articles of Incorporation is: Margaret A. Levings, 4679
West Washington, Monticello, Florida 32344



Signature of Incorporator

Date

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 of Registered Agent

Date