

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**P020000101436**

FILED  
02 SEP 19 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Likara Enterprises, Inc.

600007848966--7  
-09/19/02--01033--023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

- RECEIVED  
02 SEP 19 AM 10:44
- ☒ Art of Inc. File
  - ☐ LTD Partnership File
  - ☐ Foreign Corp. File
  - ☐ L.C. File
  - ☐ Fictitious Name File
  - ☐ Trade/Service Mark
  - ☐ Merger File
  - ☐ Art. of Amend. File
  - ☐ RA Resignation
  - ☐ Dissolution / Withdrawal
  - ☐ Annual Report / Reinstatement
  - ☐ Cert. Copy
  - ☒ Photo Copy
  - ☐ Certificate of Good Standing
  - ☐ Certificate of Status
  - ☐ Certificate of Fictitious Name
  - ☐ Corp Record Search
  - ☐ Officer Search
  - ☐ Fictitious Search
  - ☐ Fictitious Owner Search
  - ☐ Vehicle Search
  - ☐ Driving Record
  - ☐ UCC 1 or 3 File
  - ☐ UCC 11 Search
  - ☐ UCC 11 Retrieval
  - ☐ Courier
- 9-19-02

Signature \_\_\_\_\_

Requested by: SX

Name \_\_\_\_\_

9/19/02

Date

10:00

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

FILED

02 SEP 19 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**

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

**ARTICLE 1 NAME**

The name of the corporation shall be: Likara Enterprises, Inc.

The principal place of business of this corporation shall be:

556 Lillian Dr.  
Madeira Beach, FL 33708

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares, par 1.00.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until a successor is elected, is:

Linda Gould  
556 Lillian Dr.  
Madeira Beach, FL 33708


**ARTICLE VI INCORPORATOR(S)**

The name and street address of the incorporator to these articles of incorporation is:

Linda Gould  
556 Lillian Dr.  
Madeira Beach, FL 33708

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 1 day of SEPT, 2002.

Signature of Incorporator

  
\_\_\_\_\_

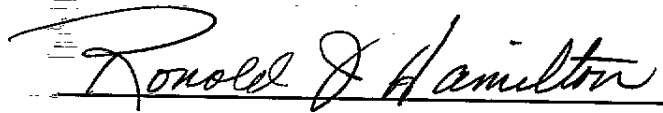
STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 1 day of SEPT, 2002 by Linda Gould of Likara Enterprises, Inc.

Notary Public

Produced Driver's License as  
Identification  
Number

Personally Known

  
\_\_\_\_\_

My Commission Expires

(SEAL)

ARTICLES OF INCORPORATION FILING FEE: \$35.00



Ronald J. Hamilton  
MY COMMISSION # DD053878 EXPIRES  
September 26, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

FILED

02 SEP 19 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

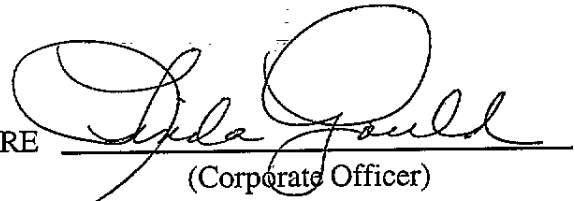
**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Likara Enterprises, Inc.
2. The name and address of the registered agent and office is:

Linda Gould  
556 Lillian Dr.  
Madeira Beach, FL 33708

SIGNATURE

  
(Corporate Officer)

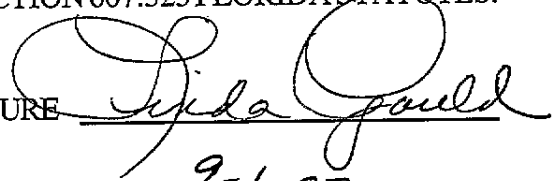
TITLE President

DATE

9-1-02

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND IF FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



DATE

9-1-02

REGISTERED AGENT FILING FEE: \$35.00