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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

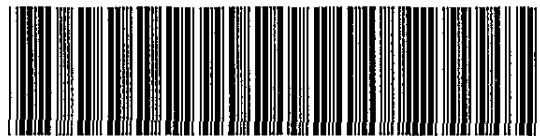
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

SUBJECT:

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$ 70

NAME: MOHR 4 LESS, INC.  
ADDRESS: 880 CRITTENDEN AVE.  
CITY: ORANGE CITY  
STATE, ZIP: FLORIDA 32763

ARTICLES OF INCORPORATION

NAME OF CORPORATION:

MOHR 4 LESS, INC.

ADDRESS OF CORPORATION

880 CRITTENDEN AVE  
ORANGE CITY, FL. 32763

CAPITAL STOCK:

60 SHARES, NO PAR

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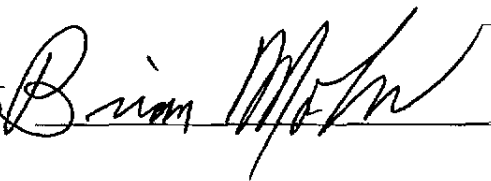
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

INCORPORATOR

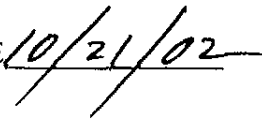
THE NAME AND ADDRESS OF THE INCORPORATORS ARE

BRIAN MOHR  
880 CRITTENDEN AVE.  
ORANGE CITY, FL. 32763

SIGNED



DATE



ARTICLE IV- DESIGNATION OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE  
FOLLOWING STATEMENT TO NAME THE REGISTERED AGENT/REGISTERED  
OFFICE IN THE STATE OF FLORIDA

CORPORATION NAME: MOHR 4 LESS, INC.

NAME AND ADDRESS OF REGISTERED AGENT

BRIAN MOHR  
880 CRITTENDEN AVE  
ORANGE CITY, FL. 32763

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE  
OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT  
AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I AM  
FAMILIAR WITH AND ACCEPT THE DUTIES AS REGISTERED AGENT

SIGNATURE

*Brian Mohr*

DATE

*10/21/02*

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TALLAHASSEE FLORIDA