

02 DEC 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*P02000133839*

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**FILED**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000239860 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850)224-8870  
Fax Number : (850)224-7047

**FLORIDA PROFIT CORPORATION OR P.A.**

**CROW SHADOW, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE  
Public Access Help

Electronic Filing Menu

Corporate Filing

*P. 1364*



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 23, 2002

YOUR CAPITAL CONNECTION, INC.

SUBJECT: CROW SHADOW, INC.  
REF: W02000035616

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

An effective date may be added to the Articles of Incorporation if a 2003 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

FAX Aud. #: E02000239860  
Letter Number: 302A00067017

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

FILED  
02 DEC 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
CROW SHADOW, INC.**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

**ARTICLE I  
NAME OF CORPORATION**

The name of the corporation is CROW SHADOW, INC.

**ARTICLE II  
DURATION**

The period of its duration is perpetual.

**ARTICLE III  
PURPOSE**

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

**ARTICLE IV  
PRINCIPAL OFFICE OF CORPORATION**

The initial address of the principal office of the corporation is 2193 Halifax Drive, Port Orange, Florida 32128, and the initial mailing address of the corporation is 2193 Halifax Drive, Port Orange, Florida 32128.

**ARTICLE V  
CAPITAL STOCK**

The corporation is authorized to issue One Hundred (100) shares of common stock, all of one class, with a par value of One Dollar (\$1.00).

**ARTICLE VI  
REGISTERED AGENT AND REGISTERED OFFICE**

The name of the corporation's initial registered agent is Jerome D. Mitchell, Esquire, RIGGIO & MITCHELL, P.A., 400 South Palmetto Avenue, Daytona Beach, Florida 32114.

H02000239860 8

**ARTICLE VII**  
**NAME AND ADDRESS OF INCORPORATOR**

The name and address of the incorporator is Jerome D. Mitchell, Esquire, RIGGIO & MITCHELL, P.A., 400 South Palmetto Avenue, Daytona Beach, Florida 32114.

**ARTICLE VIII**  
**AMENDMENT OF ARTICLES**

These Articles of Incorporation of this Corporation may be amended, changed, altered or repealed in the manner now or hereafter described by the Florida Statutes and all rights conferred on the stockholders herein are granted subject to this reservation.

**ARTICLE IX**  
**DIRECTORS' AUTHORITY TO FIX COMPENSATION**

Directors shall have authority to fix compensation unless otherwise provided in Articles of Incorporation or Bylaws.

**ARTICLE X**  
**MEETINGS BY CONFERENCE TELEPHONE**

Members of the Board of Directors may participate in all meetings of the Board of Directors by means of conference telephone or similar communications equipment as provided by law.

**ARTICLE XI**  
**INDEMNIFICATION**

The corporation may be empowered to indemnify any officer or director, or any former officer or director in the manner set out and provided for in the Bylaws of this corporation.

**ARTICLE XII**  
**INFORMAL ACTION OF DIRECTORS**

If all the directors severally and collectively consent in writing to any action taken or to be taken by the corporation, the action shall be as valid as though it had been authorized at a meeting of the Board of Directors.

**ARTICLE XIII**  
**SUB-CHAPTER "S" SELECTION**

The Board of Directors may take such action as is appropriate to assure taxation as a Sub-Chapter "S" small business corporation, pursuant to currently applicable provisions of the Internal Revenue Code.

H02000239860 8

WITNESSED by respective hand this 17<sup>th</sup> day of Dec., 2002.

  
Jerome D. Mitchell, Esquire

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the county aforesaid, to take acknowledgments, personally appeared JEROME D. MITCHELL, ESQUIRE, to me known to be the person described or has produced n/a as identification in and who executed the foregoing instrument and he acknowledged before me that he executed the same and did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17<sup>th</sup> day of December, 2002.



Notary Public  
My Commission Expires:  
My Commission Number:



Carole A. Moniak  
My Commission #D112828  
Expires June 24, 2004

H02000239860 8

**CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT FOR**  
**CROW SHADOW, INC.**  
**A CORPORATION FOR PROFIT**

Having been designated as Registered Agent for CROW SHADOW, INC., a Florida corporation for profit (hereinafter the "Corporation"), I accept the designation and agree to act as registered agent of the Corporation, and I acknowledge that I am familiar with and accept the obligations of the position of registered agent for the Corporation.

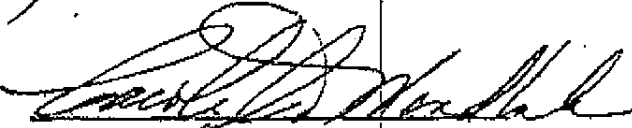
DATED this 17<sup>th</sup> day of Dec, 2002.

  
\_\_\_\_\_  
Jerome D. Mitchell, Esquire

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared JEROME D. MITCHELL, ESQUIRE, to me known to be the person described or has produced 17/a as identification in and who executed the foregoing instrument and he acknowledged before me that he executed the same and did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17<sup>th</sup> day of December, 2002.



Notary Public  
My Commission Expires:  
My Commission Number:



Carole A. Mondak  
My Commission DD112825  
Expires June 24, 2008

FILED  
02 DEC 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA