20300012249

\
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Éntity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
{

Office Use Only



700010706587

01/27/03--01089--007 **87.50



13 3/2

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: ___Whiskey Tango, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$70.00 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Peter M. Brigham FROM: Name (Printed or typed) P.O. Box 103424 Address Gainesville, Florida 32610 City, State & Zip (352) 870-5311 -or- (352) 840-5810

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

Daytime Telephone number

FILED 03 JAN 27 AM 10: 1 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S_(Profit)

ARTICLE I NAME

The name of the corporation shall be:

Whiskey Tango, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Whiskey Tango. Inc. 462 New Berlin Road Jacksonville, FL 32218

ARTICLE III_ PURPOSE

The purpose for which the corporation is organized is:

The development, design, manufacture, distribution, and sale of full clothing lines.

ARTICLE IV_ SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lynn Wyatt, President and Treasurer, 462 New Berlin Road, Jacksonville, FL 32218

Peter M. Brigham, Vice President and Secretary, P.O. Box 103424, Gainesville, FL 32610

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Peter M. Brigham 19 NW Pine Ave. Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter M. Brigham 19 NW Pine Ave. Ocala, FL 34475

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

23 JAN 2003

Signature/Incorporator

Date