

P03 000055566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500018555895

05/20/03---01018---021 **70.00

RECEIVED
03 MAY 20 AM 11:07
DIVISION OF REGISTRATION

03 MAY 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TROPHY ADORNMENTS Unlimited, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
TROPHY ADVENTURES UNLIMITED, INC.**

FILED
03 MAY 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporator(s) of Trophy Adventures Unlimited, Inc., a corporation under the Florida General Corporations Act, adopt(s) the following Articles of Incorporation for such corporation:

1. **NAME:** The name of this corporation is Trophy Adventures Unlimited, Inc., having its principal place of business at 2530 SE 41 Street, Ocala, Florida 34480.

2. **DURATION:** The period of its duration is perpetual.

3. **PURPOSE:** The purpose is to engage in general business.

4. **CAPITAL STOCK:** The corporation is authorized to issue 750,000 shares, all of one class, at .01 par value.

5. **INITIAL REGISTERED AGENT AND OFFICE:** The name and the address of the initial registered agent are as follows:

JASON WISNIEWSKI
2530 SE 41 Street
Ocala, Florida 34480

6. **INITIAL BOARD OF DIRECTORS:** This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one (1).

The name and address of the initial director of this corporation is:

NAME:

Jason Wisniewski

ADDRESS:

2530 SE 41 Street
Ocala, Florida 34480

7. **INCORPORATOR(S):** The name and the address of the Incorporator signing these Articles of Incorporation is:

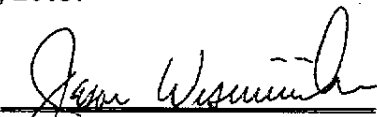
Jason Wisniewski

2530 SE 41 Street
Ocala, Florida 34480

8. **AMENDMENT OF ARTICLES:** This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

9. **MANAGEMENT OF CORPORATION BY SHAREHOLDERS:** All corporate powers shall be exercised by or under the authority of, and the business and affairs of this corporation shall be managed under the direction of, the shareholders of this corporation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 15 day of May, 2003.


JASON WISNIEWSKI
Incorporator

STATE OF FLORIDA)
COUNTY OF MARION)

The foregoing instrument was acknowledged before me this 15th day of May, 2003, by Jason Wisniewski (as Incorporator) who is personally known to me or who produced 7e. D/C as identification and who did/did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of May, 2003.



NOTARY PUBLIC - FLORIDA

My Commission Expires:



Sheryl L. Dobek
MY COMMISSION # DD165414 EXPIRES
January 23, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

Having been named as registered agent for the above-stated corporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.


Registered Agent
JASON WISNIEWSKI

03 MAY 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED