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FILED  
03 JUN -4 AM 7:47  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Rodney's Taxidermy & Outfitters, 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Ligon N Cromwell IV  
Name (Printed or typed)

20724 S.E. 165 th Ave (PO Box 23)

Address

Lochloosa, FL 32662

City, State & Zip

352-482-2812

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Rodney's Taxidermy & Outfitters, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20724 S.E. 165th Ave (PO Box 23) Lochloosa, FL 32662

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Taxidermy, Hunting, and Outdoor Recreation

### ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares @ 1.00 per share

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Ligon N. Cromwell IV, President and Secretary PO Box 23 Lochloosa, FL 32662

Jake Johnson Treasurer 11914 N.W. 10th RD Gainesville, FL 32606

### ARTICLE VI REGISTERED AGENT

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

Ligon N. Cromwell IV 20724 S.E. 165th Ave. Lochloosa, FL 32662

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ligon N. Cromwell IV 20724 S.E. 165th Ave. Lochloosa, FL 32662

\*\*\*\*\*  
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



Timothy D. Burnett  
MY COMMISSION # CC961133 EXPIRES  
August 14, 2004  
BONDED THRU TROY FAIN INSURANCE, INC.

June 3, 2003

Date

  
Signature/Incorporator

June 3, 2003

Date