P0300070906

•		
(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



100020522481

06/16/03--01029--006 **78.75

03 JUN 26 AN ID: 5.
SECRETARY OF STATE

WO3-17528

2000/117/

TRANSMITTAL LETTER

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

SUBJECT:		RIP LNC.	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDESUNIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Paul Schmi) (Trinted or typed)	
	2676 WHITE NAPLES City	Address FL. 341 State & Zip	
-		513 1965 Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 18, 2003

PAUL SCHMIDT 2676 WHITE CEDAR LN NAPLES, FL 34109

SUBJECT: E GO TRIP INC. Ref. Number: W03000017528

We have received your document for E GO TRIP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please complete articles VI & VII.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filings Section

Letter Number: 103A00037620

POV 6227 Pollohoggo Florida 22214

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: EGO TRIP DE. S.W. FLA INC.	-
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4365 Bonita Beach Ro. #116 Bonita Springs Fc. 34134 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Electric Bike Rental and Retail Business	
ARTICLE IV SHARES The number of shares of stock is: COME SHARES ONE O	: -
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): PAUL R. SCHMIDT OWNER 1676 WHITE CEDAR LN. PRIMARY SSENTING SSENIOR SSENIO	-
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: AM FAMILIAN WITH AND ACCESS THE DUTIES AND RESPONSENT	رو
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PAUL R. SCHMOT ARTICLE VII INCORPORATOR The name and address of the Incorporator is: PAUL R. SCHMOT	
######################################	
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 [ā
Signature Registered Agent Date	

Date

Signature/Incorporator