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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

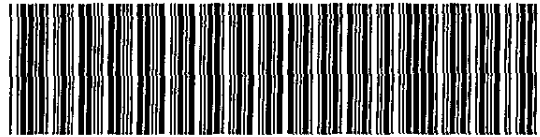
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

✓

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8-11

## TRANSMITTAL LETTER

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

SUBJECT: Third Eye Distribution , 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  
Filing Fee

•• \$78.75  
Filing Fee  
& Certificate of Status

•• \$78.75  
Filing Fee  
& Certified Copy

•• \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Fluid Skate Shop  
Name (Printed or typed)

818 West University Ave, Ste C.

Address

Gainesville, FL 32601

City, State & Zip

352-692-1802

Daytime Telephone number

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
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# 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:

Third Eye Distribution , Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

818 West University Ave, Ste C.  
Gainesville, FL 32601

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Distribution of skateboards and skateboard products

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Phil Hajal  
Vice-President  
818 West University Ave, Ste C.  
Gainesville, FL 32601

Chris Livingston  
CEO  
818 West University Ave, Ste C.  
Gainesville, FL 32601

## **ARTICLE VI REGISTERED AGENT**

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

Phil Hajal  
818 West University Ave, Ste C.  
Gainesville, FL 32601

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Phil Hajal  
818 West University Ave, Ste C.  
Gainesville, FL 32601

\*\*\*\*\*

*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

\_\_\_\_\_  
Signature/Incorporator

8-6-03  
\_\_\_\_\_  
Date

8-6-03  
\_\_\_\_\_  
Date

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