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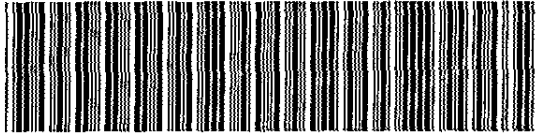
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08/18/03--01043--001 \*\*70.00

✓  
V/L

**Peter Makris  
2110 Drew Street  
Clearwater, Florida 33765**

8/15/03

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

**Gentlemen:**

**I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:**

**Peter Makris  
2110 Drew Street  
Clearwater, FL 33765**

**If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.**

**Very Truly Yours,**

*Peter Makris CFA*

**Peter Makris**

**ARTICLES OF INCORPORATION**

**OF**

**PAT'S TACK, INC.**

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03 AUG 18 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

***The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.***

**ARTICLE I. NAME**

***The name of the corporation shall be:***

***PAT'S TACK, INC.***

***The principal place of business of this corporation shall be:***

***38880 US HWY 19.  
TARPON SPRINGS, FL 34689***

***The mailing address of this corporation shall be:***

***38880 US HWY 19.  
TARPON SPRINGS, FL 34689***

**ARTICLE II. NATURE OF BUSINESS**

***This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.***

**ARTICLE III. CAPITAL STOCK**

*The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.*

**ARTICLE IV. TERM OF EXISTENCE**

*The corporation is to exist perpetually.*

**ARTICLE V. OFFICERS DIRECTORS**

*This corporation is to have two directors and two officers, initially. The names and street addresses of the initial directors and officers who shall hold office for the first year of the corporation's existence, or until their successors are elected or appointed are:*

*Patricia Loscalzo  
President*

*38880 US Hwy 19  
Tarpon Springs, Florida 34689*

*Louis Loscalzo  
Vice President*

*38880 US Hwy 19  
Tarpon Springs, Florida 34689*

**ARTICLE VI. INCORPORATOR**

*The name and street address of the incorporator to the Articles of Incorporation is:*

*Patricia Loscalzo  
President*

*38880 US Hwy 19  
Tarpon Springs, Florida 34689*

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 13<sup>th</sup> day of AUGUST, 2003.

Signature of Incorporator

Patricia Loscalzo  
Incorporator

STATE OF FLORIDA  
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 13<sup>th</sup> day of AUGUST, 2003, by Patricia Loscalzo of Pat's Tack, Inc.

He/She is personally known to me or has produced a driver's license as identification and did not take an oath.

Personally Known to me, or

Produced Identification: \_\_\_\_\_



Notary Public

Theresa Makris

**CERTIFICATE DESIGNATING**

**REGISTERED AGENT / REGISTERED OFFICE**

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03 AUG 18 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida.**

1. **The name of the corporation is:**

**PAT'S TACK, INC.**

2. **The name and address of the registered agent and office is:**

**Name: PATRICIA LOSCALZO**

**Address: 38880 US HWY 19**

**City: TARPON SPRINGS, State: FL Zip Code: 34689**

SIGNATURE: Patricia Loscalzo

TITLE: President

DATE: 8/13/03

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

SIGNATURE: Patricia Loscalzo

DATE: 8/13/03