

PO3000096860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

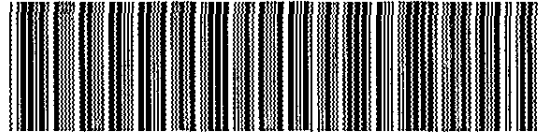
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500022356175

09/02/03--01083--006 \*\*78.75

FILED  
03 SEP -2 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12-  
9/4/13

## TRANSMITTAL LETTER

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

SUBJECT: VOLUSIA County Choppers CO  
(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: Catherine HALPREN  
Name (Printed or typed)

362 Silver Pine DR  
Address

Lake Mary FL 32746  
City, State & Zip

407-3220989  
Daytime Telephone number

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

Catherine N **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT Share  
DATE 9-4-03  
DOC. EXAM V-L

**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:

VOLUSIA county Choppers C.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

362 Silver Pine DR  
Lake Mary FL 32746

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

clothing

FILED  
03 SEP -2 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**ARTICLE VI REGISTERED AGENT**

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

Catherine Halpren  
362 Silver Pine DR  
Lake Mary FL 32746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CATHERINE HALPREN  
362 Silver Pine DR  
Lake Mary FL 32746

\*\*\*\*\*

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

Catherine Halpren

Signature/Registered Agent CATHERINE HALPREN

8/30/03

Date

Catherine Halpren

Signature/Incorporator

CATHERINE N HALPREN

8/30/03

Date