

PA 4880058546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

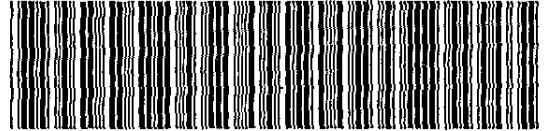
(Business Entity Name)

(Document Number)

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

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2004 APR - 1 A 9 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

4-7-04

TRANSMITTAL LETTER

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

SUBJECT: HIDDEN BOUNTY, 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: EVON CARR  
Name (Printed or typed)

1006 N.W. 34<sup>TH</sup> AVE.  
Address

CAPE CORAL, FL. 33993  
City, State & Zip

(239) 282-1565  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

HIDDEN BOUNTY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1006 N.W. 34<sup>TH</sup> AVE.  
CAPE CORAL, FL. 33993

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NOVELTY SALES, COLLECTIBLES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

EVON CARR  
1006 N.W. 34<sup>TH</sup> AVE.  
CAPE CORAL, FL. 33993  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

EVON CARR  
1006 N.W. 34<sup>TH</sup> AVE.  
CAPE CORAL, FL. 33993

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

EVON CARR  
1006 N.W. 34<sup>TH</sup> AVE.  
CAPE CORAL, FL. 33993

\*\*\*\*\*

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

Evon Carr  
Signature/Registered Agent

3-29-04  
Date

Evon Carr  
Signature/Incorporator

3-29-04  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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