

PO4000060466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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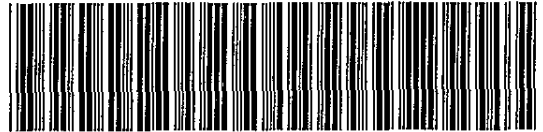
(Business Entity Name)

(Document Number)

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

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04 APR -5 PM 3:35  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

TS04/09/04

# Transmittal Letter

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Olde Florida Netmakers, Inc.

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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

From: Jason T. Baker  
5500 10<sup>th</sup> Ave N  
St Petersburg, FL 33710

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

Make checks payable to: Florida Department of State

CLIENT'S COPY

# ARTICLES OF INCORPORATION

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

## ARTICLE 1: NAME

The name of the corporation shall be: Olde Florida Netmakers, Inc.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5500 10 Ave N  
St Petersburg, FL 33710

## ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

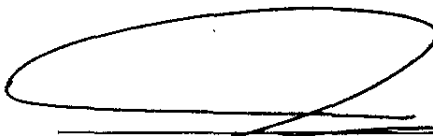
1000 shares

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS:

Jason T. Baker  
5500 10<sup>th</sup> Ave N  
St Petersburg, FL 33710

## ARTICLE V: INCORPORATOR(S)


Jason T. Baker  
5500 10<sup>th</sup> Ave N  
St Petersburg, FL 33710

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

  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR -5 PM 3:35

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Date