

PO4000070798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

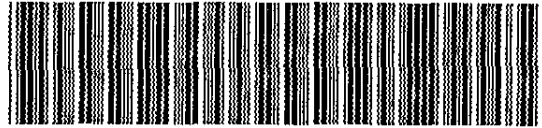
(Business Entity Name)

(Document Number)

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

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04/30/04--01031--001 \*\*78.75

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2004 APR 30 PM 1:56  
CLERK OF STATE  
TALLAHASSEE FLORIDA

1/2 4/30/04

TRANSMITTAL LETTER

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2004 APR 30 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: Double-UP 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: Terrance Hill  
Name (Printed or typed)

1755 Balkin Rd  
Address

Tallahassee FL 32305  
City, State & Zip

(850) 251-1913 (850) 538-8204  
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:

Double-UP INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1755 Balkin Rd  
Tallahassee FL 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

Terrance D. Hill - President

Paul Blake - Vice President

**ARTICLE VI REGISTERED AGENT**

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

Kimberly Jones  
1755 Balkin Rd  
Tallahassee FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Terrance D. Hill  
1755 Balkin Rd  
Tallahassee FL 32305

\*\*\*\*\*  
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

Kimberly Jones

Signature/Registered Agent

4-27-04

Date

Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA