

P04000109423

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

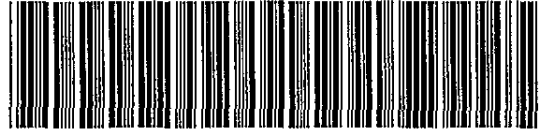
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TRANSMITTAL LETTER

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

SUBJECT: Modern Mythology of Lakeland

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: John R. Hazelwood

Name (Printed or typed)

4415 Gibson Dr.

Address

Lakeland, FL 33809

City, State & Zip

863-853-8809

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 15, 2004

JOHN R. HAZELWOOD
4415 GIBSON DR
LAKELAND, FL 33809

SUBJECT: MODERN MYTHOLOGY OF LAKELAND INC.
Ref. Number: W04000027091

We have received your document for MODERN MYTHOLOGY OF LAKELAND INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 204A00045139

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:

Modern Mythology of lakeland INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
P.O. Box 93217 Lakeland Fl.33804-3217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail Sales

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):

Jonh Hazelwood 4415 Gibson Dr. Lakeland Fl. 33809-President
Michele Hazelwood 4415 Gibson Dr. Lakeland Fl 33809 -Secretary
Tim Palmer 1319 Ritter Rd. Lakeland Fl. 33809-Officer

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Michele Hazelwood 4415 gibson Dr Lakeland Fl 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
John Hazelwood 4415 Gibson Dr. Lakeland Fl 33809

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

Michele M Hazelwood
Signature/Registered Agent

7-21-2004

Date

John Hazelwood
Signature/Incorporator

7-21-2004

Date