

P04000117408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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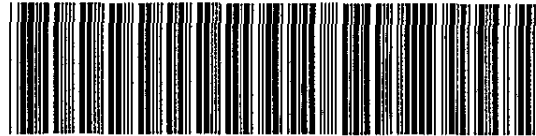
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gr 8/12

TRANSMITTAL LETTER

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

SUBJECT: NECKTHONGS, 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 ☐ \$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: PATRICIA L. BURDETTE

Name (Printed or typed)

855 FAIRLAWN CT.

Address

MARCO ISLAND, FL. 34145

City, State & Zip

239-293-4088 OR 239-293-4088

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:

NECKTHONGS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

855 FAIRLAWN CT.
MARCO ISLAND, FL 34145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE and RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

1,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICIA L. BURDETTE
855 FAIRLAWN CT.
MARCO ISLAND, FL 34145
PRESIDENT

J.R. BURDETTE
855 FAIRLAWN CT.
MARCO ISLAND, FL 34145
SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


PATRICIA L. BURDETTE
855 FAIRLAWN CT.
MARCO ISLAND, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA L. BURDETTE
855 FAIRLAWN CT.
MARCO ISLAND, FL 34145

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



Signature/Registered Agent

09 AUGUST 2004

Date



Signature/Incorporator

09 AUGUST 2004

Date

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04 AUG 11 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL 32310