

PO4000168590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

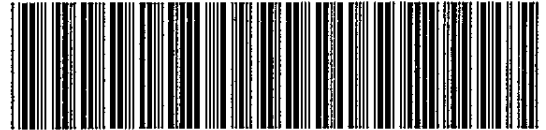
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/04--01021--017 **70.00

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SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

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js

12-16

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

SUBJECT: ROCK ISLAND SPONGE COMPANY
(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: JEFF LOVE
Name (Printed or typed)

P.O. BOX 2064
Address

TARPON SPRINGS, FLORIDA 34688
City, State & Zip

727-938-2801
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

ROCK ISLAND SPONGE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. BOX 2064 TARPON SPRINGS, FLORIDA 34688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUYING AND SELLING OF NATURAL SEA PRODUCTS.

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):

JEFF LOVE P.O.BOX 2064 TARPON SPRINGS FLORIDA 34688 PRESIDENT-TREASURER

ARTICLE VI REGISTERED AGENT

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

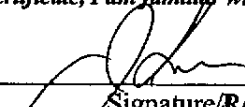
JEFF LOVE 522 E LEMON ST TARPON SPRINGS, FLORIDA 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

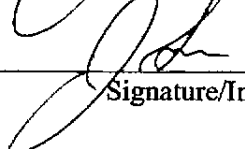
ROCK ISLAND SPONGE COMPANY
P.O. BOX 2064
TARPON SPRINGS, FLORIDA 34688

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

12-13-04
Date



Signature/Incorporator

12-13-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA