# 205000004605 Florida Department of State

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

### FLORIDA PROFIT CORPORATION OR P.A.

strictly snook from florida, inc.

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#### ARTICLES OF INCORPORATION

OF.

STRICTLY SNOOK FROM FLORIDA, INC.

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

ARTICLE I NAME

The name of the corporation STRICTLY SNOOM FROM FLORIDA, INC. ARTICLE II FRINCIPAL OFFICE

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

TIM MULLIN
4011 NE 3<sup>RC</sup> AVENUE
PONDANO BEACE, PL 33064
ARTICLE III CAPITAL STOCK

N 10 MM 8: 36

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

500 SHARES @ \$1,00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is (are)
TIM MULLIN
4011 NE 3<sup>50</sup> AVENUE
POMPANO BEACH, FL 33064

ARTICLE V INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

TIM MULLIN
4011 NE 3<sup>50</sup> AVENUE
POMPANO BEACE, FL 33309

The undersigned has 6TH day of JANUARY, 2005.

SICMATURE/ & TITLE

DATE

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is:

  STRICTLY SNOOK FROM FLORIDA, INC.
- 2. The name and address of the registered agent and office is:

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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 PERBORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

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