

P05000127565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

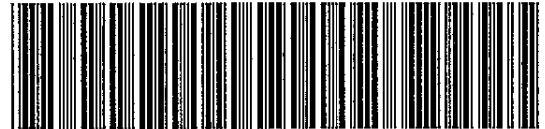
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300059545623

09/16/05--01017--027 \*\*78.75

FILED  
05 SEP 16 PM 2:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 16 2005

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

**SUBJECT: CYCLOCHARGER, INC.**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **\$78.75 Filing Fee & Certificate of Status**

**FROM:** David Reynard  
6827 1<sup>st</sup> Ave S  
Suite 200  
St. Petersburg, FL 33707  
727 423 3283

**ARTICLE I NAME**

CYCLOCHARGER, INC.

**ARTICLE II PRINCIPLE OFFICE**

6827 1<sup>ST</sup> AVE S SUITE 200  
ST. PETERSBURG, FL 33707

**ARTICLE III PURPOSE**

Development of automotive accessories

**ARTICLE IV SHARES**

100

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

H. David Reynard (President/Director)  
Heather M. Reynard (Vice President/Director)

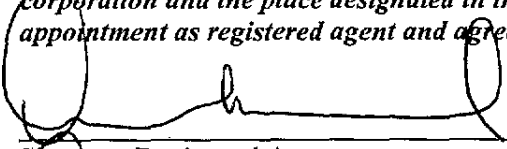
**ARTICLE VI REGISTERED AGENT**

H. David Reynard  
6827 1<sup>st</sup> Ave S Suite 200  
St. Petersburg, FL 33707

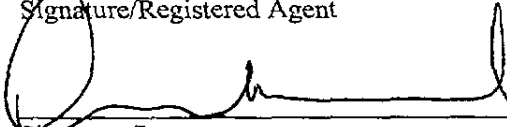
**ARTICLE VII INCORPORATOR**

H. David Reynard  
6827 1<sup>st</sup> Ave S Suite 200  
St. Petersburg, FL 33707

.....  
*Having been named as registered agent to accept service of process for the above stated corporation and 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

9/13/05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/13/05  
Date

FILED  
05 SEP 16 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA