

P06000029526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

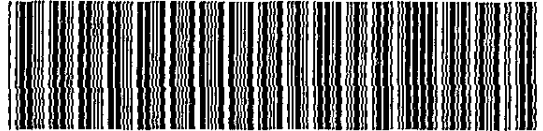
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/28/06

## COVER LETTER

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

SUBJECT: TRIGGERMAN SPORTSWEAR, 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  
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: MAURICE A. SALMON

Name (Printed or typed)

16644 CORNER LAKE DRIVE

Address

ORLANDO, FL 32820

City, State & Zip

407-770-7410

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

TRIGGERMAN SPORTSWEAR, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

16644 CORNER LAKE DRIVE  
ORLANDO, FL 32820

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE PROVIDE THE BEST APPAREL AND ACCESSORIES AT THE BEST PRICES TO TODAY'S CONSUMER.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

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

MAURICE A. SALMON, President/Owner, 16644 Corner Lake Dr, Orlando, FL 32820  
EVERLENA OWENS, Vice Pres. of Treasurer & Finance, 8384 Delaware Ave, Jacksonville, FL 32208  
SENITA N. TRENT, Vice Pres. of Business Relations, 16644 Corner Lake Dr, Orlando, FL 32820  
ALLEN BALDWIN, Director of Sales, 2605 S. Brown Ave, Orlando, FL 32806  
KRISTINA STAFFORD, Director of Legal Affairs, P.O. Box 24146, Savannah, GA 31403

**ARTICLE VI REGISTERED AGENT**

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

MAURICE A. SALMON  
16644 CORNER LAKE DRIVE  
ORLANDO, FL 32820

**ARTICLE VII INCORPORATOR**

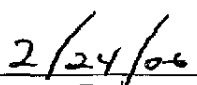
The name and address of the Incorporator is:

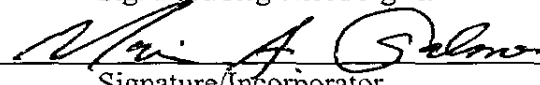
MAURICE A. SALMON  
16644 CORNER LAKE DRIVE  
ORLANDO, FL 32820

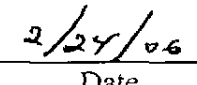
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date