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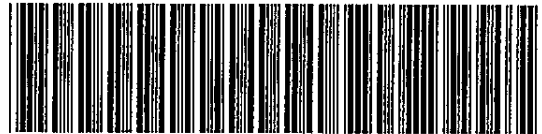
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BOWL CITY, INCORPORATION
(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: WILLIAM E GEE
Name (Printed or typed)

3533 SHADOW STREET
Address

JACKSONVILLE, FLORIDA 32254
City, State & Zip

(904) 881-4408
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

WILLIAM E GEE
3533 SHADOW STREET
JACKSONVILLE, FL 32254

SUBJECT: BOWL CITY, INCORPORATION
Ref. Number: W06000007767

We have received your document for BOWL CITY, INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Incorporation is not a recognized suffix.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 806A00011286

ARTICLES OF INCORPORATION
OF

BOWL CITY, INCORPORATED

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 shall be:

BOWL CITY, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

3533 SHADOW STREET
JACKSONVILLE, FLORIDA 32254

ARTICLE III SHARES

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

500 SHARES @ A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shemiya R. Williams
3533 SHADOW STREET
JACKSONVILLE, FLORIDA 32254

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

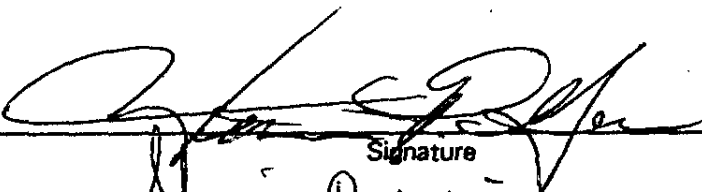
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM E GEE
3533 SHADOW STREET
JACKSONVILLE, FL 32254


SHEMIYA R WILLIAMS
3533 SHADOW STREET
JACKSONVILLE, FLORIDA 32254

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13TH day of JANUARY, 2006.



Signature



Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

ARTICLE VI INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

WILLIAM E GEE, PRESIDENT
3533 SHADOW STREET
JACKSONVILLE, FLORIDA 32254

SHEMIYA R WILLIAMS, VICE-PRESIDENT
3533 SHADOW STREET
JACKSONVILLE, FLORIDA 32254

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: BOWL CITY, INCORPORATED

2. The name and address of the registered agent and office is:

SHEMIYA R. WILLIAMS

(Name)

3533 SHADOW STREET

(P.O. Box not acceptable)

JACKSONVILLE, FLORIDA 32254

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Shemya R. Williams

(Signature)