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W07-15204



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/2/07

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Flip Flop Shop, Inc.

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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07 MAR 29 PM 1:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 28, 2007

CAPITAL CONNECTION INC.
ATTN: SP

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

SUBJECT: FLIP FLOP SHOP, INC.
Ref. Number: W07000015204

We have received your document for FLIP FLOP SHOP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE.

Letter Number: 007A00021132

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07 MAR 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

FILED

07 MAR 27 AM 8:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FLIP FLOP SHOP OF JACKSONVILLE, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

FLIP FLOP SHOP OF JACKSONVILLE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1369 Otis Rd.
Jacksonville, FL 32220

ARTICLE III CAPITAL STOCK

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

One Hundred

ARTICLE IV INITIAL REGISTRATION AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shocna Gardner
1369 Otis Rd.
Jacksonville, FL 32220

ARTICLE V - OFFICERS

The following individuals are officers of this Corporation:

Sheena Gardner, President	Daniel Cain, V-President
1369 Otis Rd.	13334 N. County Rd, 23A
Jacksonville, FL 32220	Macclenny, FL 32063

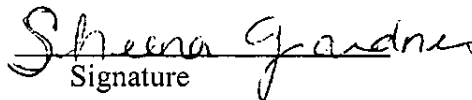
President has 50% of shares, Vice-President has 50% of shares.

ARTICLE VI INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is:

Sheena Gardner
1369 Otis Rd.
Jacksonville, FL 32220

The undersigned incorporator has executed these Articles of Incorporation this
26th day of March 2007.


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 and 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.

The name of the corporation is:

FLIP FLOP SHOP OF JACKSONVILLE, INC.

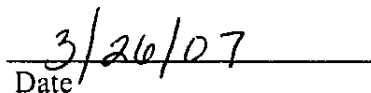
The name and address of the registered agent and office is:

Sheena Gardner
1369 Otis Rd.
Jacksonville, Fl 32220

FILED
07 MAR 27 AM 8:21
SECRETARY OF STATE
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.


Signature


Date