## P07000117294

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nai | me)         |
| (Do                     | cument Number)    | )           |
| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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SECRETARY OF STATE

FILED

D. WHITE OCT 26 2007

## **COVER LETTER** •

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

| SUBJECT: Ine E         | Baggage Claim Area, ir              | IC.                        | IDE CHEEN            |            |
|------------------------|-------------------------------------|----------------------------|----------------------|------------|
|                        | (PROPOSED CORPORA                   | TE NAME – <u>MUST INCL</u> | UDE SUFFIX)          |            |
|                        |                                     |                            |                      |            |
|                        |                                     |                            |                      |            |
| Enclosed are an orig   | ginal and one (1) copy of the artic | cles of incorporation and  | a check for:         |            |
| □ \$70.00              | \$78.75                             | <b>☑</b> \$78.75           | □ \$87.50            |            |
| Filing Fee             | Filing Fee                          | Filing Fee                 | Filing Fee,          |            |
|                        | & Certificate of Status             | & Certified Copy           | Certified Copy       |            |
|                        |                                     |                            | & Certificate of     |            |
|                        |                                     | ADDITIONAL CO              | Status<br>PV PEOURED |            |
| ADDITIONAL COPY REQUIR |                                     |                            |                      |            |
|                        |                                     |                            |                      |            |
|                        |                                     |                            |                      |            |
| FROM: Th               | nomas G. Mutugi                     |                            |                      |            |
|                        | Name                                | (Printed or typed)         | <del></del>          |            |
|                        |                                     |                            |                      |            |
| -                      | 331 N. Maitland Ave. S              | Guite B3                   |                      |            |
|                        | P                                   | adaress                    |                      |            |
|                        | Maitland, FL 32751                  |                            |                      |            |
| -                      |                                     | State & Zip                | - **                 | المستريدين |
|                        | ,                                   | 1                          |                      |            |
|                        | (407) 497-6912                      |                            |                      | \          |
| •                      | Daytime Te                          | elephone number            |                      |            |

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

The name of the corporation shall be:

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The Baggage Claim Area, Inc

2001 OCT 25 P 1: 38

Article II: **Principal Office** 

The principal place of business/mailing address is

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331 N. Maitland Avenue, Suite B3 Maitland, FL 32751

Article III: Purpose

The Purpose for which the corporation is organized is:

Engage all legal activities related but not limited to the airline baggage industry that may earn a profit.

Article IV:

The number of shares of stock is:

One Hundred (100) shares only. The shares are owned as follows:

Thomas G. Mutugi.

50 Shares

50% Ownership

Sharon M. Mutugi

50 Shares

50% Ownership

Article V: **Initial Directors/ Officers** 

The name (s) and address (es):

Thomas G. Mutugi – President

708 Carrigan Woods Trail

Sharon M. Mutugi - Vice-President

708 Carrigan Woods Trail

Oviedo, FL 32765

Oviedo, FL 32765

Article VI: Registered Agent.

The name and Florida Street address of the registered agent is:

Thomas G. Mutugi

708 Carrigan Woods Trail

Oviedo, FL 32765

Article VII: Incorporator:

The name and address of the Incorporator is:

Sharon M. Mutugi

708 Carrigan Woods Trail

Oviedo, FL 32765

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.

10/23/2007 Date 15/23/2007.