

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000002313)))



H090000002313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this . page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

HAI Bike Shop, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

LETRER JANO 6 7008

Company Language

H-0900000231-3

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 : HAI Bike Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

1926 Crescent Blvd

Orlando, FL. 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

Director, President:

Mark Weeks

1926 Crescent Blvd

Orlando, FL. 32817

ARTICLE VI REGISTERED AGENT

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

Mark Weeks

1926 Crescent Blvd

Orlando, FL. 32817

2069 JAN -2 PH 12: 59

0.2

HAI Bike Shop, Inc. PAGE 2

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

Mark Weeks

1926 Crescent Blvd

Orlando, FL. 32817

Having been named as registered agent to accept service of process for the above 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.

Mark Weeks/ Registered Agent

Date

Mark Weeks/ Incorporator