

P1100000142441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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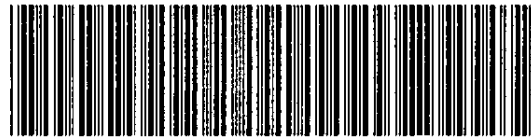
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/11

COVER LETTER

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

SUBJECT: FIEND BMX, 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: BOBBY M. PRATT
Name (Printed or typed)

4975 SMITHFIELD
Address

MELBOURNE FL 32934
City, State & Zip

609 848 3205
Daytime Telephone number

BOB@FIENDBMX.COM
E-mail address: (to be used for future annual report notification)

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

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: FIEND BMX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4975 SMITHFIELD
MELBOURNE FL 32934

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BOBBY M. PRATT - OFFICER
Address: 4975 SMITHFIELD
MELBOURNE FL 32934

Name and Title: GARRET A REYNOLDS - DIRECTOR
Address: 92 SUNSET AVE
TOMS RIVER, NJ
08755

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BOBBY M. PRATT
Address: 4975 SMITHFIELD
MELBOURNE FL 32934

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: BOBBY M. PRATT
Address: 4975 SMITHFIELD
MELBOURNE FL 32934

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

OP=

Required Signature/Registered Agent

1/31/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

OP=

Required Signature/Incorporator

1/31/2011

Date

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