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TALLAHASSEE, FLORIDA

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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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent — Date: 1/31/2011

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 s.817.155, F.S.

Required Signature/Incorporator — Date: 1/31/2011