

P11000022939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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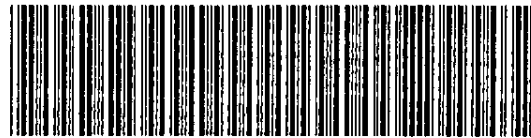
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAR -7 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Pole Dancers Fishing Gear 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: Jennifer Chambers

Name (Printed or typed)

3490 SW Rosser Blvd

Address

Port Saint Lucie, FL 34953

City, State & Zip

772-878-6775

Daytime Telephone number

poledancersfg@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Pole Dancers Fishing Gear Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3490 SW Rosser Blvd
Port Saint Lucie, FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail and wholesale of Pole Dancers Fishing Gear products (apparel and fishing related items).

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Chambers/Chief Executive Officer
Address: 3490 SW Rosser Blvd
Port Saint Lucie, FL 34953

Name and Title: Stephanie Justine/Chief Marketing Officer
Address: 5181 SE Meadow Springs Blvd
Stuart, FL 34997

Name and Title: Sandra Pereira/Chief Technology Officer
Address: 3490 SW Rosser Blvd
Port Saint Lucie, FL 34953

Name and Title: _____
Address: _____

Name and Title: Deborah Knupp/Chief Networking Officer
Address: 5181 SE Meadow Springs Blvd
Stuart, FL 34997

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: Jennifer Chambers
Address: 3490 SW Rosser Blvd
Port Saint Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Chambers
Address: 3490 SW Rosser Blvd
Port Saint Lucie, FL 34953

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

February 28, 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 s.817.155, F.S.


Required Signature/Incorporator

February 28, 2011
Date

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TALLAHASSEE, FLORIDA