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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BIKEPATH COUNTRY FLORIDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: BIKEPATH COUNTRY FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

110 Montrose Drive  
Fort Myers, FL 33919

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Conduct a lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ivan Bellotto, President  
Address: P.O. Box 435  
Mahopac, NY 10541Name and Title:  
Address:Name and Title: Mike Dannenhauer, Secretary/  
Address: 110 Montrose Dr. Treasurer  
Fort Myers, FL 33919Name 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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karl F. Milde, Jr., Esq.  
Address: Eckert Seamans Cherin & Mellott, LLC  
10 Bank St., Ste. 1061  
White Plains, NY 10606

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.

By:

Required Signature/Registered Agent

Judith Reyes  
Asst. Secretary

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.

Karl F. Milde, Jr.  
Required Signature/Incorporator

Date