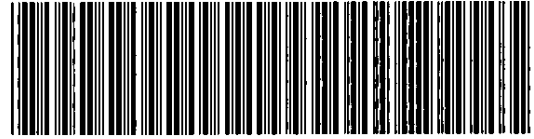


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7/6

Handwritten signature

**COVER LETTER**

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

**SUBJECT: YETTI OUTFITTERS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: DAVID M. SWEATT  
Name (Printed or typed)

719 HIGHWAY 98 NORTH  
Address

OKEECHOBEE, FLORIDA 34972  
City, State & Zip

863-697-3773  
Daytime Telephone number

yettioutfittersinc@gmail.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: **YETTI OUTFITTERS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
719 Highway 98 North  
Okeechobee, Fl 34972

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
For profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>David M. Sweatt, President</u>	Name and Title: _____
Address: <u>3603 SE 26th Street</u>	Address: _____
<u>Okeechobee, Fl 34974</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Kristine V. Sweatt  
Address: 719 Highway 98 North  
Okeechobee, Fl 34972

11 JUL -5 AM 11:55  
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STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David M. Sweatt  
Address: 3603 SE 26th Street  
Okeechobee, Fl 34974

*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

01 July 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

01 July 2011

Date