Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

STINKY FINGER BAIT COMPANY, INC.

Certificate of Status

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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:

STINKY FINGER BAIT COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

170-I COLLEGE DRIVE
ORANGE PARK, FLORIDA 32065



The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

MICHAEL REEVES

170-I COLLEGE DRIVE

ORANGE PARK, FLORIDA 32065

VICE PRESIDENT

HARRY BELL

170-I COLLEGE DRIVE

ORANGE PARK, FLORIDA 32065



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PAGE 2 STINKY FINGER BAIT COMPANY, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MICHAEL REEVES 170-I COLLEGE DRIVE ORANGE PARK, FLORIDA 32065



ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

MICHAEL REEVES 170-I COLLEGE DRIVE ORANGE PARK, FLORIDA 32065

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.

MICHAEL REEVES / Registered Agent

<u> / 2 - フ - 1/</u> Date

MICHAEL REEVES /Incorporator

Date