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| (Re | questor's Name) | | |
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| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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COVER LETTER

SECRETARY OF STATE
DIVISION OF STORE

14 JAN -8 PM 4: 09

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

| SUBJECT: AE | DITIONAL PAR | KING CORP. | |
|----------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED |
| FROM: J | OHN KEY | | |
| | Name | e (Printed or typed) | |
| 4 | 17 ST. JOHNS A | VENUE | |
| | | Address | |
| P | ALATKA FL 321 | | |
| 0 | City, 96 395 36 46 | State & Zip | |
| | XM 4XM 4M/IM | | |

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

Daytime Telephone number

cheyennesaloon@bellsouth.net

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

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

| SECRETARY OF STATE DIVISION OF CORPORATIONS |
|--|
| ** |

| | | | ORP. | 14 14M - 2 - 2 |
|---|---|--|----------|-----------------------------|
| RTICLE II PRI | NCIPAL OFFICE | | | 14 JAN -8 PM 4 |
| Principal <u>street</u> address 341 U.S. HWY 17 SOUTH | | Mailing address, if different is: P.O. BOX 440 | | |
| AST PALAT | | - | | TKA FL 32131 |
| AOTPALAT | NA FL 32 13 1 | EAS | FALA | 110411 32131 |
| RTICLE III PUR ne purpose for which the | POSE he corporation is organized is: ALL LA | WFUL PL | JRPOSI | ES |
| | | | | |
| | | | <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| RTICLE IV SHA | | | | |
| | TIAL OFFICERS AND/OR DIRECTOR | | 100EDI | IN OMETI VE TE |
| | KAREN J. SMITH, PRES, SEC | | | I M. SMITH, VP, TR |
| | | | | I M. SMITH, VP, TR |
| Name and Title | KAREN J. SMITH, PRES, SEC | Name and Title | 112 CA | |
| Name and Title Address | KAREN J. SMITH, PRES, SEC 112 CACA ROAD EAST PALATKA FL 32131 | Name and Title Address: | 112 CA | ACA ROAD ALATKA FL 32131 |
| Name and Title Address Name and Title: | KAREN J. SMITH, PRES, SEC 112 CACA ROAD EAST PALATKA FL 32131 | Name and Title Address: Name and Title | 112 CA | ACA ROAD ALATKA FL 32131 |
| Name and Title Address | KAREN J. SMITH, PRES, SEC 112 CACA ROAD EAST PALATKA FL 32131 | Name and Title Address: Name and Title | 112 CA | ACA ROAD ALATKA FL 32131 |
| Name and Title Address Name and Title: | KAREN J. SMITH, PRES, SEC 112 CACA ROAD EAST PALATKA FL 32131 | Name and Title Address: Name and Title | 112 CA | ACA ROAD ALATKA FL 32131 |
| Name and Title Address Name and Title: Address | KAREN J. SMITH, PRES, SEC 112 CACA ROAD EAST PALATKA FL 32131 | Name and Title Address: Name and Title Address: | 112 CA | ACA ROAD ALATKA FL 32131 |

| Name an | d Title: | Name and Title: | |
|----------------------------|---|------------------------|---|
| Address | | Address: | |
| ARTICLE VI The name and Fl | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o | f the registered agent | is: |
| Name: | JOHN KEY, ESQ. | _ | |
| Address: | 417 ST. JOHNS AVE | | |
| | PALATKA FL 32177 | - | |
| ARTICLE VII | INCORPORATOR | | |
| The name and ad | Idress of the Incorporator is: | | |
| Name: | JOHN KEY, ESQ. | _ | |
| Address: | 417 ST. JOHNS AVE | <u>-</u> | |
| | PALATKA FL 32177 | _ | |
| this certificate, I d | Required Signature/Registered herein are Department of State constitutes a third degree felon | istered agent and ag | gree to act in this capacity $ \begin{array}{c} $ |
| | // organica organicary meorporation | | Suc |

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