

P/5000/00/66

(Requestor's Name)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
15 DEC 11 AM 11:27

[Signature] 12/21/15

COVER LETTER

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

SUBJECT: Bowbair 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: James R Fremming & Matthew J Fremming

Name (Printed or typed)

400 Fontana Circle Suite 303

Address

Oviedo, Florida 32765

City, State & Zip

407-376-4564

Daytime Telephone number

jimfremming@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: Bowbair Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Bowbair Inc.
400 Fontana Circle Siite 303
Oviedo, Fl 32765

Mailing address, if different is:
Bowbair Inc. / Fremming
PO Box 622977
Oviedo, Fl 32762-2977

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: six million shares

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James R Fremming President
Address: PO Box 622977
Oviedo, Fl 32762-2977

Name and Title: Matthew J Fremming Secretary
Address: PO Box 622977
Oviedo, Fl 32762-2977

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: James R Fremming
Address: 400 Fontana Circle Suite 303
Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James R Fremming
Address: PO Box 622977
Oviedo, FL 32762-2977

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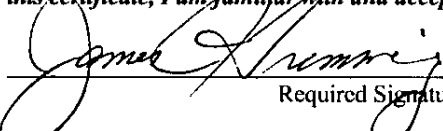
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

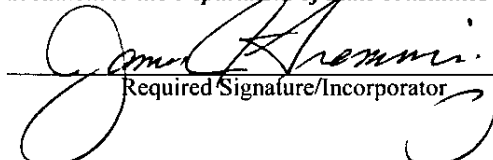


Required Signature/Registered Agent

December 9, 2015

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

December 9, 2015

Date