P16000063465

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/2/p/) Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



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16 AUG 18 PH 4: 30

16 AUG 18 M 8 /



1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 259568 4305611	
AUTHORIZATION:	
COST LIMIT: \$ 70.00	
ORDER DATE : August 18, 2016 ORDER TIME : 3:10 PM	
ORDER NO. : 259568-005	
CUSTOMER NO: 4305611	
DOMESTIC FILING	
NAME: IMPERIUM OUTFITTERS, INC.	
EFFECTIVE DATE:	
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	16 AUG
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	D 8 47
CONTACT PERSON: Melissa Zender - EXT.	

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

COVER LETTER

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

SUBJECT: _	perium Outlitters, Inc.	TE NAME – MUST INCLI	IDE SHEELY)	····
	(I ROI OSED CORI ORA	TE WANTE - MOST INCOM	JDE GOLLIK,	
Enclosed are ar	original and one (1) copy of the art	icles of incorporation and	a check for:	
🖵 \$70. Filing F		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM		s Wallace & Nurick LLC (Printed or typed)		
	100 Pine Street, P.O. Box 1166			
	Harrisburg, PA 17108-1166			
	City,	State & Zip	:-	ှဲ့ စာ
	717-237-5294		. " 	∴ 8 -
	Daytime Telephone number			·
	E-mail address: (to be used	d for future annual report r	notification)	

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

FILED

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

16 AUG 18 AM 8 47

ARTICLE I NAME The name of the corporat	tion shall be:	ers. Inc.	
ARTICLE II PRINC	IPAL OFFICE		
721 Cinnamon Road	Principal street address	Mailing:	address, if different is:
North Palm Beach, FL	32.100		
North Familia Deadh, F.	33408		
ARTICLE III PURPO The purpose for which the activity.	OSE ne corporation is organized is:	Manufacture and sell fishing lures, and	l any other lawful business
	. 1. 1,000	enoting Prop	
Address	318 Pleasure Road	elary, Treasurer	
Address	Lancaster, PA 17601	Address:	
Name and Title:		Name and Title:	
Address		Address;	
Name and Title:		Name and Title:	
Address		Address:	
`			

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT	N. Call. Co. A. Call.
The <u>name and I</u> Name:	Florida street address (P.O. Box NOT acceptable Christopher Paul Licht	s) of the registered agent is:
Address:	721 Cinnamon Road	
	North Palm Beach, FL 33408	
<u>4RTICLE VII</u>	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is;	
Name:	Catherine Wright	<u> </u>
Address:	100 Pine Street, P.O. Box 1166	
	Harrisburg, PA 17108-1166	
Effective date, i (If an effective		(OPTIONAL) nnot be more than five business days prior or 90 business
	_	able statutory filing requirements, this date will not be listed as ds.
this certificate, l	amed as registered agent to accept service of pro I am funillar with and accept the appointment as Scrywee Lompany 7	cess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
By:	1 0 1 1 1 1 T	8/17/16
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
\mathcal{C}	atherin Win.	8/ 16 /16
Real	uired Signature/Incorporator	Date