

P94000015479
Pasecon V. Investments Inc.,
801. N. Magnolia Ave, Suite # 408,
Orlando, FL 32803.

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ **000002226800--7**
(Corporation Name) (Document #) **-06/30/97--01139--009**
*******35.00 *****35.00**
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

1a. The name of the corporation is: POSEIDON VI INVESTMENTS, INC.

1b. The mailing address of the corporation is : 801 N. MAGNOLIA AVENUE,
SUITE 408, ORLANDO, FL. 32803

1c. Date of incorporation: 02/25/1994 Document number: P94000015479.

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST. SUITE 1,
TALLAHASSEE, FL. 32301

ROBERT LAW
801 N. MAGNOLIA AVE., SUITE 408,
ORLANDO, FL. 32803

(Signature of an officer, chairman or
vice chairman of the board)

(Date)

ROBERT LAW, PRESIDENT

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

(Typed or Printed Name)

(Capacity)