

TRANSMITTAL LETTER

5000016112

Department of  
Division of Corporations  
P.O. Box 6300  
Tallahassee, FL 32301

SUBJECT: CRAZY MOON, INC.  
(Proposed corporate name - must include suffix)

500001414845  
-02/24/95--01065--009  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Cynthia Grob  
Name (printed or typed)

26021 Ocelot Lane  
Address

Port Charlotte, FL 33983  
City, State & Zip

1-813-334-8432 work  
Daytime Telephone number

FILED  
95 FEB 24 PM 3:22  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

CRAZY MOON, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1145 Capricorn Blvd.  
Port Charlotte, FL 33983

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1

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95 FEB 24 PM 3:22  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cynthia Grob  
26021 Ocelot Lane  
Port Charlotte, FL 33983

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Cynthia Grob  
26021 Ocelot Lane  
Port Charlotte, FL 33983

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of February, 1995.

Cynthia Grob  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CRAZY MOON INC

2. The name and address of the registered agent and office is:

Cynthia Grob  
(Name)  
26021 Ocelot Lane  
(P.O. Box not acceptable)  
Port Charlotte, FL 33983  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Cynthia Grob  
(Signature)

2/13/95  
(Date)