000 211

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name - must include suffix) 77.77 612 92 8 <u>۔</u> ان [["]" Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 8131.25 Filing Fee

Filing Fee, Certified Copy & Certificate Additional Copy Required FROM:

Filing Fee

& Certificate

Name (printed or typed)

Filing Fee

& Certified Copy

Address City State & Zip

Daytime Telephone number

NANCY HENDRICKS MAR: 1 5 1995

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

95 HAR IS PH 3: 22 TALLAHARSEE FOR STATES

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 | NAME

The name of the corporation shall-be:

Sopoloppy Out Fitters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

106 Municipal Ade. Sopehoppy, FZ. 32358

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson L. Martin 60 Lizard Lane Sopchoppy, Fl. 32358

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):
Nelson 1. Martin
Sopologypy, FZ 32358 Robert Seidler
Robert Seia (et
Crawfordulke, FE32327 Anda Reich
Crawfordulle, Fl- 32327
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Melson L Martin
Zignature 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.

The name of the corporation is: Sopologpy Out	itleis L
The name and address of the registered agent and office is:	
Nelson L. Martin	
60 Lizard Lane	95 IMB SECRET
(P.O. Box or Mail Drop Box NOT acceptable)	
Spechonon F/ 32328	(Fig. 1)
(City/State/Zip)	記 32

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.

(Signature)

(Date)