

P95000051994

Chancie Murray
 (Requester's Name)
 4700 N A 111
 (Address)
 Vero Beach, FL
 (City, State, Zip) (Phone #)

QUD0001S15950
 -06/16/95--01057--003
 ***122.50 ***122.50

OFFICE USE ONLY

3291675

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

1. High Tide Inc. (Corporation Name) (Document #)

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	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

JUN 20 1995 BSB

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Examiner's Initials

95JUL-5 AM 9:12
 FILED
 FLORIDA
 302
 W95-12513



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State

June 20, 1995

DIANE MURRAY
4700-N A-1-A
VERO BEACH, FL 32963

SUBJECT: HIGH TIDE INC.
Ref. Number: W95000012513

We have received your document for HIGH TIDE INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 695A00030163

Articles of Incorporation of

FILED

The undersigned subscriber to these Articles of Incorporation
hereby forms a corporation under the laws of the State of Florida.

95 JUL -5 AM 9:12
ALLIED TITLE & ESTATE
Vero Beach, Florida

ARTICLE I - NAME

The name of this corporation is High Tide Inc of Vero Beach

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any business activity permitted under
the laws of the United States and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is
authorized to have outstanding at any one time is fifty (50)
shares of common stock at No Par value per share.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation will begin
business is: \$5000.00

ARTICLE V - REGISTERED AGENT & REGISTERED OFFICE

The name of the initial registered agent of this corporation is:

Diane Murray
located at: 4700 N A-1-A
Vero Beach FL 32963

ARTICLE VI - DIRECTOR

The corporation shall have one initial Director. The number may
increase or be diminished by the By-Laws adopted by the Stockholders.

ARTICLE VII - INITIAL DIRECTOR

The name and address of the initial director is:

Diane Murray
4700 N A-1-A
Vero Beach FL 32963

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles of
incorporation is: Diane Murray
4700 N A-1-A
Vero Beach FL 32963

ARTICLE IX - CORPORATE EXISTENCE

The existence of the corporation shall commence on the date of
filing and shall be perpetual.

ACKNOWLEDGMENT:

I hereby swear that I am familiar with
and accept the duties and responsibility of
Registered Agent.

Julie R. Snow
Sworn to and subscribed to me on this 18th day of June, 1995 A.D.
St. Lucie County.



E. Angel Brown
Notary Public

IN WITNESS WHEREOF, I have hereunto set my hand and seal,
acknowledged and filed the foregoing Articles of Incorporation
Under the laws of the State of Florida, this 18th day of
June, 1995.

Julie R. Snow

Sworn to and subscribed to me on this 18th day of June,
1995 A.D. St. Lucie County, Florida.

E. Angel Brown
Notary Public



Form SS-4
(Rev. December 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See Instructions.)

EIN 65-0586747
OMB No. 1545-0003
Expires 12-31-00

1 Name of applicant (legal name) (See Instructions.) High Tide Inc		3 Executor, trustee, "card of" name High Tide Inc		
2 Trade name of business, if different from name in line 1 High Tide Inc		5 Business address, if different from address in lines 4a and 4b 4700 N A-1-A		
4a Mailing address (street address) (room, apt., or suite no.) 4700 N A-1-A		6b City, state, and ZIP code Vero Beach FL 32963		
4b City, state, and ZIP code Indian River FL				
6 County and state where principal business is located Indian River FL		7 Name of principal officer, general partner, grantor, owner, or trustee - EIN required (See Instructions.) ► 081-32-2208		
8a Type of entity (Check only one box.) (See Instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) ► Diane Murray		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) S-Corp <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization (enter GEN if applicable)		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ► State		Foreign country		
9 Reason for applying (Check only one box.) <input type="checkbox"/> Started new business (specify) ► <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Banking purpose (specify) ►		<input checked="" type="checkbox"/> Changed type of organization (specify) ► Incorporated <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►		
10 Date business started or acquired (Mo., day, year) (See Instructions.) 06/12/95		11 Enter closing month of accounting year. (See Instructions.) DECEMBER		
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► N/A				
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ► 12		Nonagricultural 12	Agricultural 0	Household 0
14 Principal activity (See Instructions.) ► Food Service				
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		<input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A		
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.				

Legal name ► Diane Murray		Trade name ►		
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) 06/12/95		City and state where filed High Tide Inc Previous EIN		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) 407-231-1600		
Name and title (Please type or print clearly.) ► Diane Murray				
Signature Diane Murray		Date ► 06-12-95		
Note: Do not write below this line. For official use only.				

Please leave blank ►	Geo. Ind	Ind ✓	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see attached Instructions.

Form SS-4 (Rev. 12-93)