# 795000059414

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		1	-Û∂	00001549254 7/21/9501062013 ****78.75 *****78.75
SUBJECT: Saitm	posed corporate r		iffix)	
philippe (\$13)	Filing Fee & Certificate  Planting Fee & Certificate  Name (  760;  City  748 944  Daytime	\$122.50 Filing Fee & Certified Copy  Additional Copy  N 00  printed or typed)  Address	\$131.25 Filing Fee, Certified Copy & Certificate y Required	and a check  95 AUG -1 PH 3: 34  SECRETARY STATE TALLAHASSEE FLORIDA

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 25, 1995

PHILLIP N MOORE 7605 DESOTO HIGHWAY BRADENTON, FL 34209

SUBJECT: SAILMASTER INC. Ref. Number: W95000014879

Whillip Micord Street " Falling what the world the servert "

Letter Number: 295A00035240

We have received your document for SAILMASTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6919.

Beth Register Corporate Specialist Supervisor

#### 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:

PHILLIP MOORE, INC.

ARTICLE II PRINCIPAL OFFICE

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

7605 DeSate Highway Bradevious FL 34209

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  $5^{-0} c$ 

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Phillip H Moore
7605 Dessto Highway
Bradentin FC 24709

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Phillip Necore 1005 O.S.t. Highway Bradenian JL 34209

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

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, I'LORIDA 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.

2. The name and add	lress of the register	ed agent and o	office is:		TS SAME
-	Philip	(NAME)	Moore		1 PH 3: 3
_	7605 (P.O. Box or	Mail Drop Box	NOT ACCEPTABLE)	<u>′</u>	CAST
_	Bradent	(CITY/STATE	34109 ZIP)	<u> </u>	
Having been named corporation at the pla agent and agree to acrelating to the proper obligations of my post	ice designated in th it in this capacity. and complete perfo	nis certificate, I further agre ormance of my	I hereby accept accept accept to comply with	the appointm the provisio	ent as registered ns of all statutes