

P96000084684

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BEACH MOPEDS, INC.
(Proposed corporate name - must include suffix)

000001971000
-10/10/96--01087--009
***131.25 ***131.25

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

ADDITIONAL COPY REQUIRED

FROM: CORRADO POZZOLI
Name (Printed or typed)

20 ISLAND AVE APT 910
Address

MIAMI BEACH, FL 33139
City, State & Zip

(305) 538 0593
Daytime Telephone number

FILED
96 OCT 10 PM 3:23
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

OCT 14 1996 *BBB*

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:

BEACH MOPEDS, INC.

ARTICLE II PRINCIPAL OFFICE

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

909 COLLINS AVENUE
MIAMI BEACH, FLORIDA 33139

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CORRADO POZZOLI
20 ISLAND AVE, APT 910
MIAMI BEACH, FL 33139.

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

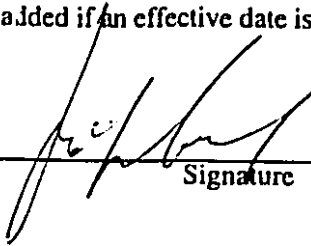
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CORRADO POZZOLI
20 ISLAND AVE APT 910
MIAMI BEACH, FLORIDA 33139.

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

8 day of OCTOBER, 1996.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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, 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:

BEACH MOPEDS, INC

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

CORRADO POZZOLI
(NAME)

20 ISLAND AVE, APT 910
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI BEACH, FLORIDA 33139.
(CITY/STATE/ZIP)

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)

10/8/96.
(DATE)

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