

P96000092012

TRANSMITTAL LETTER

FILED

96 NOV -5 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Original Seminole Outfitters, Inc.
(Proposed corporate name - must include suffix)

900001986529--5
-10/25/96--01100--016
*****78.75 *****78.75

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: Douglas S. Lyons, Esq.
Name (printed or typed)

W96-22919

215 S. Monroe St., 2nd Floor
Address

Tallahassee, FL 32302
City, State & Zip

(904) 222-3533
Daytime Telephone number

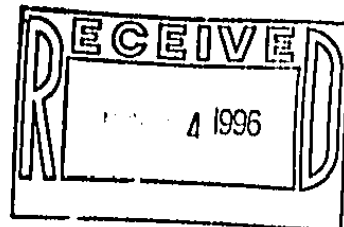
NOTE: Please provide the original and one copy of the articles

TH
11-8-96

Done p1-



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State



October 29, 1996

DOUGLAS S. LYONS, ESQ.
215 S. MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32302

SUBJECT: ORIGINAL SEMINOLE OUTFITTERS, INC.
Ref. Number: W96000022919

We have received your document for ORIGINAL SEMINOLE OUTFITTERS, 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 registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

A post office box is not an acceptable address for the registered agent.

The registered agent must sign accepting the designation.

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

*posted
cme*

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 296A00049718

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:

Original Seminole Outfitters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2700 SW 109th Terrace
Davie, Florida 33328

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Douglas S. Lyons, Esq.
215 S. Monroe Street, 2nd Floor
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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):

David Pelsner, President
2700 SW 109th Terrace
Davie, Florida 33328


Sally Pelsner, Vice President
2700 SW 109th Terrace
Davie, Florida 33328

Joseph Orceola, Jr., Secretary/Treasurer
3120 N. 64th Avenue
Hollywood, Florida 33324

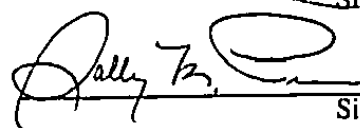
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of OCTOBER, 19 96.

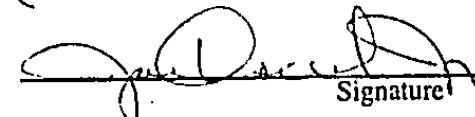
(An additional article must be added if an effective date is requested.)



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: Original Seminole Outfitters, Inc.

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

Douglas S. Lyons, Esq.
(NAME)

215 S. Monroe St., 2nd Floor
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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)

11/5/96
(DATE)