

P97000008338  
TRANSMITTAL LETTER

FILED  
97 JAN 24 AM 7:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: ELEPHANT ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

100002048781--4  
-01/07/97--01127--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
<b>Additional Copy Required</b>			

FROM: CHARLES M. O'SULLIVAN  
Name (printed or typed)

P.O. BOX 1650  
Address

POLK CITY, FL 33868  
City, State & Zip

941-984-4495  
Daytime Telephone number

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

w97-734  
nc 1/29/97



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

January 13, 1997

**CHARLES M O'SULLIVAN**  
P.O. BOX 1650  
POLK CITY, FL 33868

**SUBJECT: ELEPHANT ENTERPRISES, INC.**  
Ref. Number: W9700000734

We have received your document for **ELEPHANT ENTERPRISES, INC.** and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 797A00001552

**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:

*ELEPHANT ENTERPRISES, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*P.O. Box 1650  
POLK CITY, FL 33868*

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TALLAHASSEE, FLORIDA

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**ARTICLE III SHARES**

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

*100,000 (ONE HUNDRED THOUSAND)*

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*CHARLES M. O'SULLIVAN  
P.O. Box 1650 11970 BACKLAND PATH  
POLK CITY, FL 33868*

**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):

CHARLES M. O'SULLIVAN

P.O. BOX 1650

POLK CITY, FL 33868

PURPOSE: TO OWN REAL ESTATE, PRODUCE AND SELL FOOD PRODUCTS  
AND TO CONDUCT ANY LAWFUL BUSINESS.

THIS CORPORATION MAY FUNCTION ONLY AS AUTHORIZED BY THE  
CORPORATE OFFICERS AND SHAREHOLDER(S).

PAR VALUE IS ONE CENT PER SHARE BUT MAY BE AMENDED AS THE  
CORPORATE OFFICER(S) SEE FIT.

NO SHAREHOLDER IS IN ANY LIABLE FOR ANY AND ALL ACTIONS OF THIS  
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this CORPORATION,

2<sup>ND</sup> day of JANUARY, 19 97.

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

Charles M. O'Sullivan  
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: ELEPHANT ENTERPRISES, INC.

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

CHARLES M. O'SULLIVAN  
(NAME)  
P.O. BOX 1650  
11970 BACKLAND PATH  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
POLK CITY, FL 33868  
(CITY/STATE/ZIP)

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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.*

Charles M. O'Sullivan  
(SIGNATURE)

January 2, 1997  
(DATE)