

P97000034014

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 14 PM 3:33

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

SUBJECT: EXPERIENCE IT, INC.
(Proposed corporate name - must include suffix)

900002141779--6
-04/14/97--01041--006
****122.50 ****122.50

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: Robert L. Butcher
Name (Printed or typed)

P.O. Box 238002
Address

Daytona Beach, FL 32123-8002
City, State & Zip

904-767-9967
Daytime Telephone number

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

D. BROWN APR 15 1997

ARTICLES OF INCORPORATION

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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:

EXPERIENCE IT, INC.

ARTICLE II PRINCIPAL OFFICE

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

EXPERIENCE IT, INC.

P.O. Box 238002

Daytona Beach, FL

32123-8002

PHYSICAL ADDRESS

712 Hensel Hill East

Port Orange, FL

32127

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:

Robert L. Butcher

712 Hensel Hill East

Port Orange, FL

32127

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):

Robert L. Butcher
712 Hensel Hill East
Port Orange, FL
32127

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

10th day of April, 19 97.

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

Robert L. Butcher
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**

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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 EXPERIENCE IT, INC.

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

Robert L. Butcher
(NAME)

712 Hensel Hill East
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Port Orange, FL 32127
(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.

Robert L. Butcher
(SIGNATURE)

4/10/97
(DATE)