

P97000098560

Soc B Enterprises  
1350 Sheeler Road  
Apopka, FL 32703

City/State/Zip Phone #

000002340260--5  
-11/06/97--01069--009  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Morty Fann*  
*2125 West Amelia*  
*407-422-2125*  
*1562-227-107*

FILED  
97 NOV 17 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*197-55467*

Examiner's Initials *[Signature]*



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

November 7, 1997

**S & B ENTERPRISES**  
**1350 SHEELER ROAD**  
**APOPKA, FL 32703**

**SUBJECT: GET A GRIP, INC.**  
**Ref. Number: W97000025358**

We have received your document for GET A GRIP, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway  
Document Specialist

Letter Number: 397A00053984

**CERTIFICATE OF INCORPORATION  
OF  
GET A GRIP,**

**FILED**  
97 NOV 17 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE UNDERSIGNED**, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

**FIRST  
IDENTIFICATION**

The name of the corporation, hereinafter referred to as the "Corporation," is **GET A GRIP, Inc.**

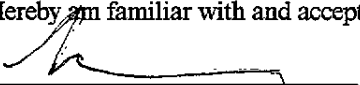
**SECOND  
PERIOD OF EXISTENCE**

The period during which the corporation shall continue is perpetual;.

**THIRD  
REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial/principal registered office of the Corporation is. **1350 Sheeler Road Apopka, Florida 32703** The initial/ principal office address or the same. The name and address of the initial registered agent therein and in charge thereof , upon whom process against the corporation may be served, is **Martin D. Fann , 2125 West Amelia Street Orlando, Florida 332805.**

I Hereby am familiar with and accept the duties and responsibilities as Registered Agent.

  
\_\_\_\_\_  
Martin D, Fann

**FOURTH  
PURPOSE**

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

**FIFTH  
SHARES**

The total authorized capital stock of the Corporation is **5000** shares having a Par Value of **.001**. All or any part of said shares may be issued by the Corparation from time to time and for such consideration may be determined upon or fixed by the board of Directors,as provided by law.

**SIXTH  
INCORPORATION'S ADDRESS**

The name and post office address of the Incorporator of the Corporation is as follow:

**Martin D. Fann**  
2125 West Amelia Street  
Orlando, Florida 32805

**SEVENTH  
DIRECTORS**

The powers of the incorporator are to terminate upon the filing of this Certificate of Incorporation and the name(s) and mailing addresses of persons who are to serve as director(s) until the first meeting of stockholders or until their successors are elected and qualify are as follows:

**Margaret L. Fann ( President)**  
2125 West Amelia Street  
Orlando, Florida 32805

**Thomas D. Fann (Vice President)**  
2125 West Amelia Street  
Orlando, Florida 32805

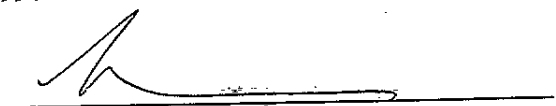
**Martin D. Fann ( Secretary and Treasure)**  
2125 West Amelia Street  
Orlando, Florida 32805

**EIGHTH  
INDEMNITY**

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes: (1) a director's duty of loyalty to the corporation or its stockholders; (2) acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law; (3) Liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation; or (4) a transaction from which the director derived an improper personal benefit.

The effective date of this Certificate of Incorporation shall be 10 th day of November 1997

IN WITNESS WHEREOF, The undersigned Incorporator has caused this Certificate of Incorporation to be executed as of the 4 th day of November 1997

  
\_\_\_\_\_  
(incorporator)

FILED  
97 NOV 17 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA