

P97000101927

TRANSMITTAL LETTER

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

SUBJECT: NAPOLEON SERVICES, INC.
(Proposed corporate name - must include suffix)

000002359500-2
-12/01/97-01144-017
*****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: RICKY DAMIAN
Name (Printed or typed)
5293 EHRLICH RD.
Address
TAMPA, FL. 33624
City, State & Zip
813-963-1909
Daytime Telephone number

FILED
97 DEC -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*P. O. Box 6327
12/13/97*

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NAPOLEON SERVICES, INC.
5293 EHRLICH RD.
TAMPA, FL. 33624

ARTICLE II PRINCIPAL OFFICE

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

SAME

ARTICLE III SHARES

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

7500 PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

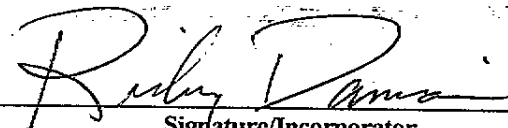
The name and Florida street address of the initial registered agent are:

RICKY DAMIAN
5293 EHRLICH RD.
TAMPA, FL. 33624

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

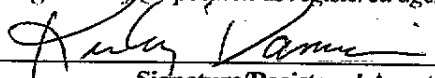
SAME


Signature/Incorporator

11/24/97
Date

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

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/Registered Agent

11/24/97
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA