TRANSMITALENER 1923 Department of State

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

SUBJECT:	GET	INLINE	HOCKEY	HEADOURCHE.	Tuc
Proposed Corp					
					
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Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:	-05/05/9801013001 ******70.00 ******70.00
PATRICIA A. BARNE++	
Name (print or type)	
13030 SHARKEY Rd SHE 6	
Address	
LARGO, FL 33773	
City, State, Zip	
<i>\$13-581-2405</i>	98 7A.L
Area Code and Phone Number (Daytime)	CR CR

ARTICLES OF INCORPORATION OF

(Name of Corporation)

SECRETARY OF PHIC. 45

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

ARTICLE 1: NAME The name of the corporation shall be: Ger True	NE Hockey HEADQUARTERS INC
ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation s code): 13030 S-198464 Rd Str 6	hall be (give street address and zip
ARTICLE 3: SHARES All stock issued by this Corporation shall be commonumber of shares of stock that this corporation is autime is:500	on voting stock of a single class. The thorized to have outstanding at any
ARTICLE 4: INITIAL REGISTERED AGENT AN The name of the initial registered agent is Pater 13030 Starkey Rd. Starkey whose registered office is located at the place of bus	, LGCGO FL 33773
ARTICLE 5: INCORPORATORS The names and street addresses of the incorporators are: (V PARTILIA A. BARNETT 13030 S (2) DAVID B. BILLINGER 13030 S	s to these Articles of Incorporation SHARKEY P.C. STE 6 LARGO, FC 33773 HARKEY P.C. STE 6 LARGO, FC 33773
The undersigned incorporators have executed th	ese Articles of Incorporation this
Signature /	Signature
Signature	Signature

Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corpo of Florida submits the following statement in d agent, in the State of Florida.	esignating the registered office/registered	
agent, in the State of Florida. 1. The name of the corporation/professional as	ssociation is: GET INCIVE Hockey H	LEADQUARTERS
2. The name and address of the registered ager	ot and office is:	
Z. The hame and address of the registered age.	ara on ac a.	
PATRICIA A. BARVETT	· · · · · · · · · · · · · · · · · · ·	
Full name		
13030 Starrey Rd Address (P.O. Box not acceptable)	SHE 6	
Address (P.O. Box not acceptable)		
LARGO, FZ 33773 City, State, and Zip		
City, State, and Zip		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
HAVING BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED CORPCIN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPWITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AND THE OBLIGATIONS OF MY POSITION AS RESERVED.	THE APPOINTMENT AS REGISTERED ACITY. I FURTHER AGREE TO COMPLY RELATING TO THE PROPER AND COMID I AM FAMILIAR WITH AND ACCEPT EGISTERED AGENT.	· ·
	5/ r /98	- •
r	Designation of Registered Agent illing Fee — \$35.00	
•	STATE STATE JORIDA	