

P98000042327

TRANSMITTAL LETTER

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

SUBJECT: CLASSIC SHOE OUTLET, INC.
(Proposed corporate name - must include suffix)

900002510379--8
-05/05/98--01021--005
*****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: DON CHRISTIAN
Name (Printed or typed)

902 DEGAMA AVE
Address

PANAMA CITY FL 32401
City, State & Zip

850-234-3333 EXT #216
Daytime Telephone number

_____ GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art III Shares of stock
DATE 5-7-98
DOC. EXAM. CB

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

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:

CLASSIC SHOE OUTLET, INC.

ARTICLE II PRINCIPAL OFFICE

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

1101 BECK AVE
PANAMA CITY FL 32401

ARTICLE III SHARES

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

4

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DON CHRISTIAN
902 DEGAMA AVE
PANAMA CITY FL 32401

ARTICLE V INCORPORATOR

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

DON CHRISTIAN
902 DEGAMA
PANAMA CITY FL 32401



Signature/Incorporator

5/4/98

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

5/4/98

Date

FILED
98 MAY 11 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA