

TRANSMITTAL LETTER

P98000072381

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

SUBJECT: SA OUTPOST INCORPORATED.
(Proposed corporate name – must include suffix)

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

Please return the photocopy to me with the filing date stamped on it.

400002618074--1
-08/17/98--01139--022
*****78.75 *****78.75

FROM:

MARK CORNISH

Name (printed or typed)

11337 REGAL SQUARE DRIVE
Address

TAMPA, FL, 33617
City, State & Zip

(813) 404-6879
Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 17 AM 11:04

APPROVED
AND
FILED

B. BROCK AUG 19 1998

Articles of Incorporation

1. The name of the corporation shall be: SA OUTPOST INCORPORATED
2. The principal place of business and mailing address of the corporation is: TAMPA
11337 REGAL SQUARE DRIVE, TAMPA FL 33617
3. The corporation shall have the authority to issue 100 shares of stock.
4. The registered agent of the corporation is MARK CORNISH and the registered street address is 11337 REGAL SQUARE DRIVE, TAMPA, Florida 33617.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows:
MARK CORNISH, 11337 REGAL SQUARE DRIVE, TAMPA, FL, 33617

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is MARK CORNISH whose street address is 11337 REGAL SQUARE DRIVE, TAMPA, FL, 33617

Dated 08/12/1998

Mark Cornish
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 08/12/1998

Mark Cornish
Registered Agent

APPROVED
AND
FILED
98 AUG 17 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA