

TRANSMITTAL LETTER

P98000074676

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

SUBJECT: ESCAPE PARTNERS, INC
(Proposed corporate name - must include suffix)

100002623251--1
-08/24/98--01099--005
***131.25 ***131.25

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: KAMERON EVANS
Name (Printed or typed)

6512 MARINA PINTE VILLAGE COURT #204
Address

TAMPA, FL 33635
City, State & Zip

813-818-9291
Daytime Telephone number

FILED
98 AUG 24 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH AUG 26 1998

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:

ESCAPE PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1448 Seagull DR. #306
PALM HARBOR, FL 34685

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KAMERON EVANS
6512 MARINA POINTE VILLAGE COURT #204
TAMPA, FL. 33635

ARTICLE V INCORPORATOR

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

KAMERON EVANS
6512 MARINA POINTE VILLAGE COURT #204
TAMPA, FL. 33635

K Evans

Signature/Incorporator

8-20-98

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

K Evans

Signature/Registered Agent

8-20-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA