

998000091299
TRANSMITTAL LETTER

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

600002672536--0
-10/26/98-01095-015
*****131.25 *****87.50

SUBJECT: Small Axe Inc.
(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

ADDITIONAL COPY REQUIRED

FROM:

Cecyn Rose-Dirklen
Name (Printed or typed)

2630 NW 42ND TERRACE
Address

AUSTIN HILL FL 32313
City, State & Zip

954) 676-9988
Daytime Telephone number

98 OCT 26 AM 11:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB 10-27-98

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:

SMALL AXE INC.

ARTICLE II PRINCIPAL OFFICE

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

4340 N. STATE RD 7
LAUDERDALE LAKES 33319

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

STAN HILL
4236 N. STATE RD 7
LAUDERDALE LAKES 33319

ARTICLE V INCORPORATOR

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

CESLYN ROSE KIRLEN
2630 NW 42ND TERR.
LAUDERHILL 33313


Signature/Incorporator

10-21-98
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

10/21/98
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA