(SAMPLE LETTER OF TRANSMITTAL) 8000 ATE 9320

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

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****122.50 ******7	8.7	5

Re:	The	Go1£	Barrel Antiques,	, Inc
		(Nam	e of Corporation)	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

SECRETARY OF STATE

W. Scott Pacetti FLORIDA

W. Scott Pacetti FLORIDA

The Golf Barrel Antiques, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION

136 Malaga Street

St. Augustine, FL. 32084

PHONE

(904) 824-8147
Area Code Number Ext.

Seminole Form 215: Trans. Letter (2-98)

ARTICLES OF INCORPORATION

		of	
	The Go	olf Barrel Antiques, Inc.	
		(name of corporation)	
The und he following	lersigned acting as the incorporators articles of incorporation for such co	es of a corporation under the Florida Busin corporation:	ess Corporation Act, adopt(s)
The nam	All ne of the corporation is:	RTICLE I - CORPORATE NAME	SECURET FILL
	•		競心加
	The Golf Barrel Ant	iques, Inc.	— Fig a to
This corp	poration shall exist perpetually unk	ARTICLE II - DURATION ess dissolved according to Florida law.	STATE FLORIDA
		ARTICLE III - PURPOSE	
The corp Jnited States a	ooration is organized for the purpose and the State of Florida.	se of engaging in any activities or business	permitted under the laws of the
The corp		ARTICLE IV - CAPITAL STOCK Shares of common stock, par value	\$ <u>1.00</u> per share.
The stree	ARTICI t address of the initial principal off	LE V - INITIAL PRINCIPAL OFFICE fice and, if different, the mailing address is	:
STREET ADD	ORESS 136 Malaga Street		
			· - , - 7-
CITY			- Att. 97 At.
	St. Augustine	FLORIDA	ZIP 32084
	address, if different	-	,
STREET ADD	PRESS		
CITY		EI ODIDA	<u></u>
		FLORIDA	ZIP
The stree		ITIAL REGISTERED OFFICE AND A doffice and the name of the initial region.	
NAME		d office and the name of the unital test	istered agent at the office is:
ADDRESS	W. Scott Pacetti		
CITY	136 Malaga Street		
<u> </u>	St. Augustine	FLORIDA	ZIP 32084

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME	Stephen H. DaVee		· ·
ADDRESS		#354	· · · · · · · · · · · · · · · · · · ·
CITY	St. Augustine		ZIP 32084
NAME			
ADDRESS	1093 AlA Beach Blvd Suite		
CITY	St. Augustine	STATE Florida	ZIP 32084
NAME			
ADDRESS			
CITY		STATE	ZIP
	ARTICLE	VIII - INCORPORATORS	
he names and a	ddresses of the incorporators signing the	ese Articles of Incorporation are as fo	ollows:
•	T. C. M. D. M.		
NAME			
NAME ADDRESS	136 Malaga Street		
NAME ADDRESS CITY		STATE	ZIP 32084
NAME ADDRESS CITY NAME	136 Malaga Street		
NAME ADDRESS CITY NAME ADDRESS	136 Malaga Street		
NAME ADDRESS CITY NAME ADDRESS CITY	136 Malaga Street	STATE Florida	ZIP 32084
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NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY	136 Malaga Street St. Augustine	STATE STATE	ZIP 32084 ZIP
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NAME ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY CITY	136 Malaga Street St. Augustine ed incorporator(s) have executed the	STATE STATE STATE see Articles of Incorporation this	ZIP 32084 ZIP

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



The Golf Barrel Antiques, Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State_of Florida with its registered office
as indicated in the Articles of Incorporation
at136 Malaga Street
St. Augustine, F1. 32084
has named W. Scott Pacetti
located at the aforesaid address, as its registered agent to accept service of process within this

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.

(Date)

state.