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To:

Division of Corporations
Fax Number : (850) 487-6013

From:

Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

BIKERS HAVEN, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
OF

Bikers Haven, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Bikers Haven, Inc.

The principal place of business of this corporation shall be:

**10400 SW 144th Avenue
Miami, Florida 33186**

ARTICLE II NATURE OF BUSINESS

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: One Hundred (100)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: **Shirlynn Cabaleiro
10400 SW 144th Avenue
Miami, Florida 33186
Phone: (305) 382-9217**

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Shirlynn Cabaleiro
10400 S.W. 144th Avenue
Miami, FL 33186

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Shirlynn Cabaleiro
10400 S.W. 144th Avenue
Miami, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3rd day of November, 1998.

Signature(s) of Incorporator(s)


Shirlynn Cabaleiro.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.324, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/Registered agent, in the State of Florida.

1. The name of the corporation:

Bikers Haven, Inc.

2. The name and address of the registered agent and office is:

Shirlynn Cabaleiro
10400 S. W. 144th Avenue
Miami, Florida 33186

SIGNATURE 

Shirlynn Cabaleiro

TITLE

Director

DATE

11/03/98

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

Shirlynn Cabaleiro

DATE

11/03/98

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