

TRANSMITTAL LETTER

P9800000 9614.3

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

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-11/12/98--01028--003
*****78.75 *****78.75

SUBJECT: THE LAST RESORT, 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: MICHAEL M VIGGIONE AND IRENE VIGGIONE
Name (Printed or typed)

12620 SHERMAN DR
Address

HUDSON FL 34667
City, State & Zip

813-869-0039
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 NOV 12 AM 10:36

FILED

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

AYC
11/16

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:

THE LAST RESORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

12620 SHERMAN DR HUDSON FL 34667

ARTICLE III SHARES

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

51 - 49

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL VICCIONE
12620 SHERMAN DR
HUDSON FL 34667

ARTICLE V INCORPORATOR

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

MICHAEL M. VICCIONE
12620 SHERMAN DR
HUDSON FL 34667

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TALLAHASSEE, FLORIDA

Michael M. Vicion

Signature/Incorporator

11-5-98

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

Michael Vicion

Signature/Registered Agent

11-5-98

Date