TRANSMITTAL LETTER

P98000101622

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

300002699763--2
-12/02/98--01014--003
*****70.00 *****70.00

SUBJECT: PRO AM of PALATKA 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: Wallace M. Williams
Name (Printed or typed)

R #2 Box 6140
Address

PALATKA FL 32177-9664
City, State & Zip

1-904-328-5905
Daytime Telephone number

FILED
98 DEC -2 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMC 12/1/98

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

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.

FILED
98 DEC -2 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PRO AM OF PALATKA INC

ARTICLE II PRINCIPAL OFFICE

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

RR#2 BOX 6140
PALATKA FL. 32177-9664

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:

WALLACE M. WILLIAMS
RR#2 BOX 6140 PALATKA FL. 32177-9664

ARTICLE V INCORPORATOR

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

WALLACE M. WILLIAMS
RR#2 BOX 6140 PALATKA FL. 32177-9664

X [signature] 11-30-98

Signature/Incorporator **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

X [signature] 11-30-98

Signature/Registered Agent **Date**