

TRANSMITTAL LETTER

P99000052725

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

SUBJECT:

8675309, INC.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUN -7 PM 12:59

FILED

700002897247--2

-06/07/99-01149-012

Enclosed is an original and one(1) copy of the articles of incorporation and a check for *****78.75 *****78.75

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

DAVID PAUL VICE

Name (Printed or typed)

520 CYPRESS VIEW DR.

Address

OLDSMAR, FL. 34677

City, State & Zip

(813) 301-1517 OR (813) 610-8423

Daytime Telephone number

F. CHESSEN

JUN 10 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

8675309, INC.

ARTICLE II PRINCIPAL OFFICE

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

520 CYPRESS VIEW DR.
OLDSMAR, FL 34677

ARTICLE III SHARES

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

(1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

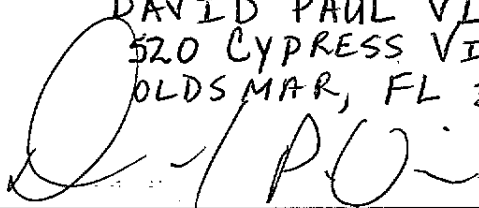
The name and Florida street address of the initial registered agent are:

DAVID PAUL VICE
520 CYPRESS VIEW DR.
OLDSMAR, FL 34677

ARTICLE V INCORPORATOR

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

DAVID PAUL VICE
520 CYPRESS VIEW DR.
OLDSMAR, FL 34677



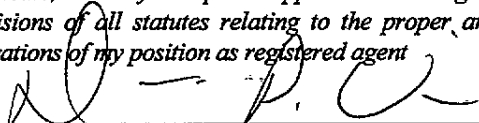
Signature/Incorporator

4-27-99

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

4-27-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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