

TRANSMITTAL LETTER

P 99 0000 62248

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

FILED
99 JUL -6 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Safari Joe's INC.
(Proposed corporate name - must include suffix)

100002923651--9
-07/06/99--01097--006
*****87.50 *****87.50

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Joe Cadmus
Name (Printed or typed)

3216 US HWY 41 N.
Address

Palmetto FL 34221
City, State & Zip

941 -729-5654
Daytime Telephone number

F. CHESSEB JUL 13 1999

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

W-16e94

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:

Safari Joe's INC.

ARTICLE II PRINCIPAL OFFICE

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

3216 US HWY 41 N.
PALMETTO, FL 34221

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joe Cadmus
3216 US Hwy N.
Palmetto FL 34221

ARTICLE V INCORPORATOR

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

Joe Cadmus
3216 US HWY 41 N.
Palmetto FL 34221

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

Signature/Registered Agent

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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