TRANSMITTAL LETTER

P99000067983

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

SUBJECT:	HEADS - ZUP, INC.		
	(Proposed corpor	ate name - must include suff	īx)
		71	00002941817{ -07/26/9901148005 *****78.75 *****78.75
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$\times \\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	MATTHEW J. WOTELL Name (Printed or typed)		FILE JUL 26 LAHASSE
	1299 S.S. 9th STREET Address		LED 26 PM 2: AKT OF STA ASSEE, FLOO
	BOCA RATON, FL		OB RIDA
	City, State & Zip		
	(954) 481-933	1	<u> </u>
	Daytime Telephone number		

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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

HEADS - ZUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

1299 S.W. 9th STREET

BOCA RATON, FL 33486

ARTICLE III SHARËS

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MATTHEW J. WOTELL

1299 S.W. 9th STREET - BOCA RATON, FL 33486

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

MATTHEW J. WOTELL

1299 S.W. 9th STREET - BOCA RATON, FL 33486

Signature/Incorporator

(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

FPLED

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SECRETARY OF STATE
AND ADMASSEE FI ORD