

TRANSMITTAL LETTER

P940000068974

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

SUBJECT: Earley and Ellis Designs, Inc.
(Proposed corporate name - must include suffix)

500002944025--7
-07/28/99--01058--006
****122.50 ****78.75

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: Anni Ellis
Name (Printed or typed)

1612 South ARRAWANA Ave
Address

Tampa, FL 33629
City, State & Zip

813-253-2987
Daytime Telephone number

FILED
99 JUL 28 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8/4/99
[Signature]

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:

Earley and Ellis Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 320003, TAMPA, FL 33679-2003

ARTICLE III SHARES

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

10,000 shs.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Anni Ellis, 1612 South ARRAWAWA Ave.
TAMPA, FL 33629

ARTICLE V INCORPORATOR

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

Anni Ellis, 1612 South ARRAWAWA Ave.
TAMPA, FL 33629

Anni Ellis

Signature/Incorporator

7-22-99

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

Anni Ellis

Signature/Registered Agent

7-22-99

Date

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TALLAHASSEE, FLORIDA