TRANSMITTAL LETTER

Department of State Office Off

SUBJECT:	The Pointed Boot I	nc.	E.V.	·····
	(Proposed corpor	ate name - must include suf 1	. 00002967 -08/23/99	70311 01116002 *****70.00
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :	•
☑ \$70.00 Filing Fee	□ \$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	P. O. Box 440223	inted or typed) ddress Aida 32222 State & Zip	HALLAHASSEE FLURIDA	99 SEP -3 AM 9: 38 SECRETARY OF STATE

Daytime Telephone number

NOTE: Please provide the original and one copy of t

n 554



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

August 26, 1999

LINDA M PARKER P.O. BOX 440223 JACKSONVILLE, FL 32222

SUBJECT: THE POINTED BOOT INC.

Ref. Number: W99000019898

We have received your document for THE POINTED BOOT INC.. However, the document has not been filed and is being returned for the following:

A post office box is not an acceptable address for the registered agent.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Letter Number: 499A00042937

Loria Poole Corporate Specialist

ARTICLE I			- i= n= = = = =	<u>-</u>			SEC	998	2 2 2 2 2 2
	orporation shall be:			_			28	SEP	PROFESSION 1
The P	ointed Boot Inc.						ZZ	င်္သ	· Contraction
							SERY		मु प्राप्तकार
ARTICLE II	PRINCIPAL OFFI	CE	-				E F S	圣	200
The principal place	e of business and mailin	g address of the	nis corpor	ation sha	ıll be:		S = 0	မ္	Ť.
The W. P.O.	hite Elephant 30x 440223	Clay Cou	nty, F	lorida			DA -	Ö	
Jacks	onville, Florida	32222							
ARTICLE III	<u>SHARES</u>	· ·		· ·	=======				
The number of sh	ares of stock that this co	rporation is au	thorized (o have o	utstan	ding at an	y one tin	ne is:	
						-	•		

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

Linda M. Parker

Linda M. Parker

542-1 MADISON AVE

OTANGE PARK, FLORIDA

542-1 MADISON AVE

Signature/Incorporator

OFANGE PACK, FLOTIDA 32065

MAILING ADDRESS

P6 Box 400223

JACKSONVILLE, FL SZZZZ

JACKSONVIDE, FL

PO BUX 440223

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