

P9902091286

TRANSMITTAL LETTER

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

**SUBJECT:** Special Op's Shop, Inc.  
(Proposed corporate name - must include suffix)

400003012154--1  
-10/12/99--01020--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:** James P. Fioranelli  
Name (Printed or typed)

8635 New York Avenue  
Address

Hudson, FL 34667  
City, State & Zip

(727) 862-6179  
Daytime Telephone number

99 OCT 12 PM 12:23  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

FILED

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

OB  
10-18-99  
2

## 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:

Special Op's Shop, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

8635 New York Avenue  
Hudson, FL 34667

### **ARTICLE III SHARES**

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

100 Shares

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

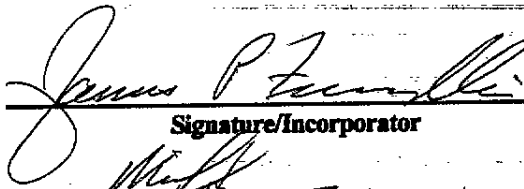
The name and Florida street address of the initial registered agent are:

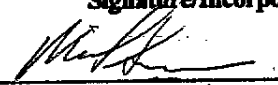
James P. Fioranelli  
8635 New York Avenue  
Hudson, FL 34667

### **ARTICLE V INCORPORATOR**

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

James P. Fioranelli	Michael Suydam
8635 New York Avenue	8635 New York Avenue
Hudson, FL 34667	Hudson, FL 34667

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Signature/Incorporator

10-6-99


Date

10-6-99

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

10-6-99

Date

FILED  
99 OCT 12 PM 12:23  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA