

P99000097100

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

700003027707--6

-10/28/99--01038--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Holly Co, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 10/28

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Statu

FILED  
99 OCT 28 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
99 OCT 28 AM 11:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Examiner's Initials



*Resubmit*

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 3, 1999

*Please back date to original filing.*

CAPITOL SERVICES  
1406 HAYS ST., STE. 2  
TALLAHASSEE, FL 32301

SUBJECT: MINX, INC.  
Ref. Number: W99000025361

We have received your document for MINX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6927.

Tracy Smith  
Document Specialist

Letter Number: 999A00053144

*Thank  
Sincerely*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 NOV - 4 AM 10:57

RECEIVED

ARTICLES OF INCORPORATION  
OF

THE FLORIDA CATS, INC.

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 The name of the corporation is THE FLORIDA CATS, INC.

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

1253 University Drive  
Coral Springs, FL 33071

ARTICLE III The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 no par value.

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

Robert Rhodes  
1365 Northwest 159 Lane  
Pembroke Pines, FL 33028

ARTICLE V The name and address of the incorporator to these articles of Incorporation are:

Robert Rhodes  
1365 Northwest 159 Lane  
Pembroke Pines, FL 33028

In witness whereof, the undersigned affirms under the penalties of perjury that the statements contained herein are true.

X   
Signature/Incorporator

Dated: 10/25/99

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.

X   
Signature/Registered Agent

Dated: 10/25/99

FILED  
99 OCT 28 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA