

TRANSMITTAL LETTER

P99000097209

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

FILED
99 NOV -3 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: inspire zone co.
(Proposed corporate name - must include suffix)

800003033658--2
-11/03/99-01043-019
*****78.75 *****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: Douglas L. Comet, Esq.
Name (Printed or typed)
15911 Ellsworth Dr.
Address
Tampa FL 33647
City, State & Zip
(813) 975-9096
Daytime Telephone number

F. CHASSIN NOV 4 1999

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.

ARTICLE I NAME

The name of the corporation shall be: **inspire zone co.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **5505 SW 109th St. Rd.
Ocala, FL 34476**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **10,000**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **Alana Lotharius
5505 SW 109th St. Rd.
Ocala, FL 34476**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: **Alana Lotharius
5505 SW 109th St. Rd.
Ocala, FL 34476**

Alana Lotharius
Signature/Incorporator

10-28-99
Date

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.

Alana Lotharius
Signature/Registered Agent

10-28-99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV -3 AM 11:51

FILED