

P99000103201

**Shrink Doctors**  
3968 Northside Circle  
Fort Myers, Florida 33903  
Telephone 941-574-8983

FILED  
99 NOV 22 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Florida  
Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

600003050946--1  
-11/22/99--01083--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Subject: Certificate and Articles of Incorporation  
for Shrink Doctors Inc.

To Whom it may concern:

Please find enclosed the original and two copies of the Certificate and Articles of Incorporation for Shrink Doctors Inc.

We have enclosed a check in the amount of \$78.75 payable to the Secretary of State to cover the filing fee and Certificate.

If you have any questions please feel free to contact us at the address and telephone number indicated above.

Yours truly,



Kenneth Costa-President

ARTICLES OF INCORPORATION  
OF

SHRINK DOCTORS INC.

FILED  
99 NOV 22 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned persons, having the age of 18 or more, have associated themselves for the purpose of forming a corporation under the laws of this state: Florida and do hereby adopt the following Articles of Incorporation.

1. **Name.** The name of this corporation is Shrink Doctors Inc.
2. **State of Incorporation.** This corporation is hereby formed under the laws of the state of Florida.
3. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of Arizona, as they may be amended from time to time, and specifically but not in limitation thereof, the purpose of: Shrink wrapping of completed marine products including but not limited to boats, jet boats, jet skis and other marine products. Minor repairs to marine products and ancillary marine products. Installation of marine navigation and electronic communication equipment.  
This corporation shall have the broad general powers set forth by regulation and statute in this state.

4. **Duration.** The duration of this corporation shall be for Perpetuity.
5. **Registered Place of Business.** The initial registered place of business shall be:  
Street Address: Shrink Doctors Inc.  
3968 Northside Circle  
Fort Myers, Florida 33903

Mailing Address and Zip Code: Shrink Doctors Inc.  
3968 Northside Circle  
Fort Myers, Florida 33903

Copies of all corporate records shall be kept at the registered place of business.

6. **Board of Directors.** The number of directors of this corporation shall be fixed by the By-Laws. Initially there shall be two (2) directors, who shall serve until their successors are qualified according to the By-Laws, and whose names and addresses are as follows:  

<u>Kenneth Costa</u>	<u>2305 "A" S.E. 6th Lane, Cape Coral, Florida</u>
<u>Michael Cantafio</u>	<u>3968 Northside Circle, Fort Myers, Florida</u>
7. **Capital Stock.** The authorized capital stock shall consist of: 200 shares Class 'A' common voting stock with a Par Value \$1.00; and -0- shares Class 'B' common non-voting stock with a Par Value of -0-.
8. **Incorporators.** The names and residence addresses of the undersigned incorporators are:  

<u>Kenneth Costa</u>	<u>2305 "A" S.E. 6th Lane, Cape Coral, Florida</u>
<u>Michael Cantafio</u>	<u>3968 Northside Circle, Fort Myers, Florida</u>

9. Statutory Agent. The undersigned, Kenneth Costa, whose place of residence is 2305 "A" S.E. 6th Lane, Cape Coral, FL consents to act in the capacity of statutory agent.

[Signature]  
Signature of the Statutory Agent

10. Other Provisions. Any other provisions shall be as follows:

NONE

IN WITNESS THEREOF, the following incorporators have signed these Articles of Incorporation, intending that they become effective as of this date: November 1, 1999

Printed Name

Kenneth Costa

Michael Cantafio

Signature

[Signature]  
Michael Cantafio

STATE OF Florida  
COUNTY OF Lee

ss.

Acknowledgment. On this date, before me, a Notary Public, personally appeared:

known to me or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this person's name is subscribed in a representative capacity, it is for the principal named and in the capacity indicated.

ss.

Signature of Notary Public

013-60-568  
Kellie Marie Elders  
Notary Expiration Date

Date of Acknowledgement

November 16, 1999

6/03/2001

ARTICLES OF INCORPORATION - SHORT FORM

K-201 • LawForms 8 89



KELLIE MARIE ELDERS  
My Comm Exp. 6/03/2001  
Bonded By Service Ins  
No. CC652520  
☒ Personally Known ☐ Other I.D.