

TRANSMITTAL LETTER

P99000103337

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

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-11/22/99--01063--015
*****87.50 *****87.50

SUBJECT: Blackbeards Imports Inc.
(Proposed corporate name - must include suffix)

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: David DeMayo
Name (Printed or typed)

3058 Autumn Court
Address

Winter Park, FL 32792
City, State & Zip

407-678-7400
Daytime Telephone number

FILED
99 NOV 22 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BlackBEARDS Imports INC.

ARTICLE II PRINCIPAL OFFICE

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

3058 Autumn Court, Winter Park, FLORIDA 32792

ARTICLE III SHARES

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

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID Demayo
3058 Autumn Court
Winter Park, FL 32792

ARTICLE V INCORPORATOR

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

David Demayo
3058 Autumn Court
Winter Park, FL 32792


Signature/Incorporator

11/18/99
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

11/18/99
Date

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TALLAHASSEE, FLORIDA