

TRANSMITTAL LETTER
P99000104248

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

SUBJECT: FULL OF, Inc.
(Proposed corporate name - must include suffix)

300003055503--8
-11/29/99--01120--014
*****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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Joe Mullarkey
Name (Printed or typed)

125 104th Ave #6
Address

Treasure Island FL 33706
City, State & Zip

727 580 5042
Daytime Telephone number

99 NOV 29 AM 7:17
FILED
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:

FULLof, Inc.

ARTICLE II PRINCIPAL OFFICE

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

125 104th Ave #6
Treasure Island FL 33706

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joe Mullarkey
125 104th Ave #6
Treasure Island FL 33706

ARTICLE V INCORPORATOR

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

Joe Mullarkey
125 104th Ave #6
Treasure Island FL 33706

Joe Mullarkey
Signature/Incorporator

Nov 1 1999
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

J. Mullarkey
Signature/Registered Agent

Nov 1 1999
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA