

P 00000015242

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -7 AM 10:10

FILED

SUBJECT:

CHEEK ASSOCIATES INC.

(Proposed corporate name must include suffix)

800003126038--5

-02/07/00-01115-002

*****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:

PAULA ANN RENNER

Name (Printed or typed)

3802 GATEWOOD DRIVE

Address

SARASOTA FL 34232

City, State & Zip

941.378-3990

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FEB 1 4 2000

FEB 1 4 2000

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:

CHEEK ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

3802 GATEWOOD DRIVE
SARASOTA, FL 34232

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TONIA HUTCHINSON
2540 WEBBER STREET
SARASOTA, FL 34239

ARTICLE V INCORPORATOR

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

PAULA ANN RENNER
3802 GATEWOOD DRIVE
SARASOTA, FL 34232

Paula Ann Renner

Signature/Incorporator

2/5/00

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

Tonia Hutchinson

Signature/Registered Agent

2-5-00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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