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TRANSMITTAL LETTER

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

600003318706--7  
-07/10/00--01133--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: MacMaster Sales Associates, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: John E. Stamps CPA CFP  
Name (Printed or typed)

1937 Grace Avenue

Address

Fort Myers, FL 33901

City, State & Zip

941-275-9997

Daytime Telephone number

00 JUL 10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

2-12-00  
2

## 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:

**MacMaster Sales Associates, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**230 NE 22nd Ave.  
Cape Coral, FL 33909**

### ARTICLE III SHARES

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

**1,000 (one thousand) Shares**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**John E. Stamps CPA CFP  
1937 Grace Avenue  
Fort Myers, FL 33901**

### ARTICLE V INCORPORATOR

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

**Jay W. MacMaster  
230 NE 22nd Ave.  
Cape Coral, FL 33909**

Jay W. MacMaster  
Signature/Incorporator  
**Jay W. MacMaster**

7/6/00  
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

John E. Stamps CPA CFP  
Signature/Registered Agent  
**John E. Stamps CPA CFP**

6 July 2000  
Date

FILED  
00 JUL 10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA