

# P000000068318

## TRANSMITTAL LETTER

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

600003272436--5  
-05/31/00--01081--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MASTER-CUT International CO.  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 31 AM 11:47

FILED

FROM: SHAWN C. EGGERT / DBA MASTER CUT since 1997  
Name (Printed or typed)  
4043 NW 2nd Ln.  
Address  
Delray Beach FL 33445  
City, State & Zip  
561 274 8441  
Daytime Telephone number

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

W-17675  
W-14676  
gk 6/9



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 9, 2000

SHAWN C. EGGERT  
4043 NW 2ND LANE  
DELRAY BEACH, FL 33445

SUBJECT: MASTER-CUT CO.  
Ref. Number: W00000014676

We have received your document for MASTER-CUT CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum  
Document Specialist

Letter Number: 200A00033092

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be: ~~MASTER CUT CO.~~

MASTER-CUT International CO.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4043 NW 2nd Ln.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I started a small business AS A D.B.A. (sch. proprietor) using the D.B.A. "MASTER-CUT". I NOW NEED

## ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

To Protect my personal Assets

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MR. SHAWN C. EGGERT  
4043 NW 2nd Ln. Delray


FL

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHAWN C. EGGERT  
4043 NW 2nd Ln.  
Delray FL 33445

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

5-30-00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5-30-00  
\_\_\_\_\_  
Date

FILED  
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TALLAHASSEE, FLORIDA

33445