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

SUBJECT:

(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 □ \$78.75  Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: WILLIAM H. MEIKLETOFALS  Name (Printed or typed)  9311 STERLING ON, The Residence of the State of the S	
Daytime Telephone number  305-754-0340	

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

## 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: MEIKLEJOHN INCORPORA PRINCIPAL OFFICE The principal place of business/mailing address is: DRIVE STERLING ARTICLE III PURPOSE The purpose for which the corporation is organized is: SALES OMPUTER ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): WILLIAM REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is:

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

Agent

Agent

Signature/Incorporator

10-20-00

10-20-00