TRANSMITTAL LETTER

P00000114712

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

500003495505--9
-12/11/00--01129--019
*****70.00 *****70.00

SUBJECT: **Susan's Software Selections Plus, 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 of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: **Susan L. Malfait**
Name (Printed or typed)

2032 S.W. Akorot Road
Address

Port St. Lucie, Fl 34953
City, State & Zip

561-336-4222
Daytime Telephone number

FILED
00 DEC 11 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12/15

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

FILED
00 DEC 11 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:

Susan's Software Selections Plus, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

2032 S.W. Akorot Road, Port St. Lucie, Florida 34953

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

to perform any legal act or business under the laws of Florida.

ARTICLE IV SHARES
The number of shares of stock is:

1000 shares, Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

Susan L. Malfait, PD, 2032 S.W. Akorot Road, Port St. Lucie, Fl 34953

Joseph Malfait, VPD, 2032 S.W. Akorot Road, Port St. Lucie, Fl 34953

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:

Joseph Malfait, VPD, 2032 S.W. Akorot Road, Port St. Lucie, Fl 34953

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Susan L. Malfait, PD, 2032 S.W. Akorot Road, Port St. Lucie, Fl 34953

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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

Joseph Malfait
Signature/Registered Agent **Joseph Malfait**

12/07/2000
Date

Susan L Malfait
Signature/Incorporator **Susan L. Malfait**

12/07/2000
Date