TRANSMITTAL LETTER

P02000010055

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

3**00004788958--1** -01/22/02--01093--012 ******78.75

SUBJECT:

SLASH ENTERPRISES INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

☐ \$70.00 Filing Fee	\$78.75 Filing Fee . & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	PAMELA TROYER		
	Name (F	Printed or typed)	
	7542 M TERMUMM :	מח	,
		DR Address	

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

Daytime Telephone number

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:

SLASH ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6223 5TH ST W BRADENTON FL 34207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JAMIE STURGILL 6223 5TH ST W BRADENTON FL 34207

ARTICLE VI REGISTERED AGENT

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

PAMELA TROYER 7543 N LEEWYNN DR SARASOTA FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMIE STURGILL 6223 5TH ST W BRADENTON FL 34207

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

Date

Signature/Incorporator

) | v Date 02 JAN 22 PM 1: 03