

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 67
Tallahassee, FL 32314

SUBJECT: Commerce Partners Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700007779987--5
-09/16/02--01090--007
*****78.75 *****78.75

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: Capital Financial Services
Name (Printed or typed)

68 Forest Drive

Address

Jackson, NJ 08527

City, State & Zip

(732) 901-7036

Daytime Telephone number

02 SEP 16 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Commerce Partners Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12703 Headwater Circle
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Services & Sales, or any other business activity allowed under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

Two Thousand Five Hundred shares of Common Stock with No Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lloyd Katz - 12703 Headwater Circle, Wellington, FL 33414

ARTICLE VI REGISTERED AGENT

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

Lloyd Katz
12703 Headwater Circle
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lloyd Katz
12703 Headwater Circle
Wellington, FL 33414

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

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA