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TRANSMITTAL LETTER

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

SUBJECT: She	epard, Marth, & Associates,			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Charles Marth			
	Name (Printed or typed)			
	6253 Palomino Circle			
		Address	, , , , , ,	
	Port Orange, Florida 3212	27		
	Čity,	State & Zip	· · · · · ·	
	(386) 760-1944			

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:

Shepard, Marth, & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6253 Palomino Circle Port Orange, Florida 32127

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Wireless Engineering Services

ARTICLE IV SHARES

The number of shares of stock is: 2,500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Charles Marth Chief Executive Officer 6253 Palomino Circle Port Orange, Florida 32127

ARTICLE VI REGISTERED AGENT

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

Charles Marth 6253 Palomino Circle Port Orange, Florida 32127

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Charle Marth 6253 Palomino Circle Port Orange, Florida 32127

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