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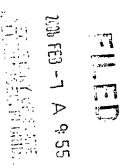
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

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

SUBJECT: FSM	Purchasing, Inc.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
[Z] #70.00			T 697 50	
<b>✓</b> \$70.00	\$78.75	\$78.75	☐ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		A D D TOTAL OF	Status	
		ADDITIONAL CO	DPY REQUIRED	
_				
FROM: C	raig J. Koop			
Name (Printed or typed)				
1250 Barclay Blvd.				
	A	Address		
	Buffalo Grove, IL 60089	0.71		
City, State & Zip				
	(847) 495-3070			
		elephone number	<del></del>	

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:

FSM Purchasing, Inc.



The principal place of business/mailing address is:

11840 Metro Parkway Ft. Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

purchasing company

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charles Hurt, President 11840 Metro Parkway

Ft. Myers, FL 33908

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Charles Hurt 11840 Metro Parkway

Ft. Myers, FL 33908

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

Craig J. Koop

1250 Barclay Blvd.

Buffalo Grove, IL 60089

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

1/10/00

Date

CILED 2015 FEB - 7 A 9:55