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SECRETARY OF STATE

8-5-8

COVER LETTER

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

FROM: MARK

SUBJECT:	1 15 16	Yerman ATE NAME - <u>MUST INCL</u>	O •
	(PROPOSED CORPOR	ate name – <u>most incl</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles 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 REQ		PY REQUIRED
	_		

Address

Sarasota Florida. 34234

City, State & Zip

941-552-9781

Daytime Telephone number

MA. ALDERMAN & Gmail. COM

E-mail address: (to be used for future annual report notification)

Name (Printed or typed)

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) AŘTICLE I NAME The name of the corporation shall be: M.T. ALDERMAU ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: Bayshore Rel. Savasota Fla. The purpose for which the corporation is organized is: avu and Lawfull Business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MARK BULTON ALDERMAN REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 3048 Bayshore Rd. SAMASOTA Fla. INCORPORATOR ARTICLE VII The name and address of the Incorporator is: MARK ALDERMAN Bayshore Rel. Sarasota Fla. 34234 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/Incorporator

Date