

P 14000005997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

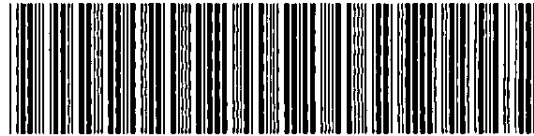
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JAN 22 PM 1:47  
SECTION OF COURT CLERK

FILED  
14 JAN 22 AM 8:39  
CLERK OF STATE  
DIVISION OF CORPORATIONS

1/23/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 970825-005 7527475

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : January 22, 2014

ORDER TIME : 11:40 AM

ORDER NO. : 970825-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: COWAN MT RETAIL, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

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STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** Cowan MT Retail, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** Patricia A. Costa  
Name (Printed or typed)  
1001 E Telecom Dr  
Address  
Boca Raton FL 33431  
City, State & Zip  
(561) 981-5252  
Daytime Telephone number  
pcosta@silverco.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

**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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Cowan MT Retail, Inc.

14 JAN 22 AM 8:39

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1001 E Telecom Dr

Boca Raton, FL 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is formed for the purpose of transacting any  
and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Larry D. Silver, Director/CEO

Name and Title: B. Judson Honaker, Director/P

Address 1001 E Telecom Dr

Address: 1201 Central Park Blvd

Boca Raton FL 33431

Fredericksburg VA 22401

Name and Title: Jesse A Holshouser, CFO/S/T

Name and Title: \_\_\_\_\_

Address 1001 E Telecom Dr

Address: \_\_\_\_\_

Boca Raton FL 33431

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

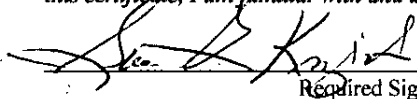
Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

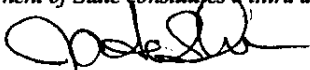
The name and address of the Incorporator is:

Name: Jesse A. Holshouser  
Address: 1001 E Telecom Dr  
Boca Raton FL 33431

*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*

 Sue G. Knight 1-22-14  
Assistant Vice President Date  
Required Signature/Registered Agent

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 Required Signature/Incorporator 1/22/14  
Date

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