

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 327
Tallahassee, FL 32314

SUBJECT:

J. M. Foster 99SSOC. inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Joseph Foster Sr.

Name (Printed or typed)

P.O. Box 51272

Address

Sax. Beach Fla. 32240-1272

City, State & Zip

(904) 993-7725

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

STATE OF FLORIDA
TALLAHASSEE

97 MAR 14 PM 1:26

FILED

200002110182--7
-03/11/97--01106--005
*****78.75 *****78.75

784-1920

Stock

1097-6233



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 18, 1997

JOSEPH FOSTER, SR.
P.O. BOX 51272
JACKSONVILLE BEACH, FL 32240-1272

SUBJECT: J.M. FOSTER & ASSOC., INC.
Ref. Number: W97000006233

We have received your document for J.M. FOSTER & ASSOC., INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 597A00013560

TRANSMITTAL LETTER

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

SUBJECT: J M Foster and associates inc.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Joe Foster
Name (Printed or typed)

9951 Atlantic Blvd.
Address

Sac., Fla. 32225
City, State & Zip

(904) 724-1920
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J.M. Foster and Associates inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*9951 Atlantic Blvd. Suite 233
Sax, Fla. 32225*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Joseph E. Foster
2268 Mayport rd.
Ft. Fla. 32233*

97 MAR 14 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Melinda Forter Vice President

Joseph Foster President

2268 mayport rd.

59X, Flg, 32233

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of march, 19 97

(An additional article must be added if an effective date is requested.)

Joseph C. Fortin Sr.
Signature

Signature

Melinda Foster
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is J M Foster and Associates inc.

2. The name and address of the registered agent and office is:

Joseph E. Foster Sr.
(NAME)

2268 Mayport Rd.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jax. Fl. 32233
(CITY/STATE/ZIP)

FILED
TALLAHASSEE, FLORIDA
MARCH 14 1997

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph E. Foster Sr. 3-14-97
(SIGNATURE) (DATE)