

P97000076377
TRANSMITTAL LETTER

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

100002282051-7

100002282051-7

-09/02/97--01040--003

*****78.75 *****78.75

SUBJECT: MASTER PAY INC

(Proposed corporate name - must include suffix)

100002282051-7

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:

KEN NAGEL

Name (printed or typed)

51 MAW AVE S. #309

Address

CLEARWATER FLA 34625

City, State & Zip

813-4431414

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP -2 AM 4:48

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

W. Sampson SEP 4 - 1997

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:

MASTER PAY INC

ARTICLE II PRINCIPAL OFFICE

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

51 MAIN AVE S. #309
CLEARWATER FLA
34625

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALAN SNYDER
51 MAIN AVE S.
#309
CLEARWATER FL
34625

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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):

KEN NAGEL

12800 Vonn #9753

CARRO FCA. 34625

Jim Thompson

31177 U.S. 19 N. #1303

PALM HARBOR FL

34684

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

28 day of AUG, 1997

Signature

Signature

Signature

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: MASTER PAY INC.

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

ALAN SNYDER

51 MAIN AVE S.

(NAME)


(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

CLEARWATER FLA. 34628

(CITY/STATE/ZIP)

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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.


(SIGNATURE)

8-26-97
(DATE)