

TRANSMITTAL LETTER

P 97 0000 83385

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

FILED
97 SEP 26 AM 9:15
TALLAHASSEE, FL 32314

SUBJECT:

MONOCO INC.

(Proposed corporate name - must include suffix)

400002303374--5
-09/25/97--01068--006
*****78.75 *****78.75

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:

COLIN WILLIAMSON, SNA.

Name (Printed or typed)

15173 SW 110 STREET

Address

MIAMI, FLORIDA 33196

City, State & Zip

305-752-3103

Daytime Telephone number

F. CHUBB

SEP 26 1997

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MONOCO INC.

ARTICLE II PRINCIPAL OFFICE

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

15173 SW 110 ST.
MIAMI, FLORIDA 33196

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

COLIN WILLIAMSON, SM.
15173 SW 110 ST.
MIAMI, FLORIDA 33196

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

COLIN WILLIAMSON, SM.
15173 SW 110 ST.
MIAMI, FLORIDA 33196



Signature/Incorporator

Sept. 14, 1997

Date

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

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/Registered Agent

Sept. 14, 1997

Date

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