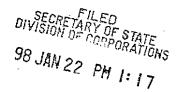
# P9800007343 TRANSMITTAL LETTER



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

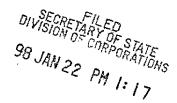
2

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SUBJECT:	ECT: SHERIDAN ST., INC				
	(Proposed corporate name - must include suffix)				
Enclosed is an original a	and one(1) copy of the articl	les 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 CO	PY REQUIRED		
FROM:	Name (Printed or typed)				
_	3001 N- OCEAN DRIVE				
_	Hollywood, FL 33019 City, State & Zip				
	(954) 927	D- 79/J			

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

Daytime Telephone number



## 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	SHEDINAN	SINTAC

# ARTICLE II PRINCIPAL OFFICE

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

#### 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 Florida street address of the initial registered agent are:

William A. Williford 3001 N OCEAN DR 14019 WOOD, FL 33019

## ARTICLE V INCORPORATOR

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

Alilliam A. Williford 3001 H Ocean Dr Hollywood, Fe 33019

Signature/Incorporator

1-20-98

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

Date