

TRANSMITTAL LETTER
P98000029334

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

SUBJECT: Fowler Communications, Inc.
(Proposed corporate name - must include suffix)

400002470594--5
-03/27/98--01057--005
*****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: James T Fowler
Name (Printed or typed)

1439 South Larkwood Square
Address

Fort Myers, FL 33919
City, State & Zip

941-482-7339
Daytime Telephone number

FILED
98 MAR 27 AM 7:08
TALLAHASSEE, FLORIDA

Handwritten signature and date: 3/31/98

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:

Fowler Communications, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

**1439 South Larkwood Square
Fort Myers, FL 33919**

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 shares par value \$ 0.00

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

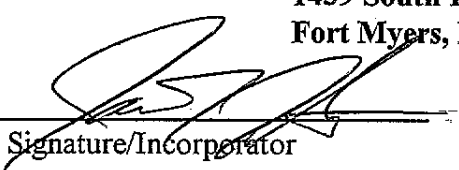
The name and Florida street address of the initial registered agent are:

**James T Fowler
1439 South Larkwood Square
Fort Myers, FL 33919**

ARTICLE V - INCORPORATOR

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

**James T Fowler
1439 South Larkwood Square
Fort Myers, FL 33919**


Signature/Incorporator

3-25-98
Date

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 and 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

3-25-98
Date

FILED
98 MAR 27 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA