

P98000046214

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 20 AM 9:45

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

200002529812--4
-05/20/98--01030--006
*****70.00 *****70.00

SUBJECT:

Sweep MASTers 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:

BARBARA Fuller

Name (Printed or typed)

7380 SECRET WOODS DR.

Address

JAX FL 32216

City, State & Zip

904-789-1845

Daytime Telephone number

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

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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:

Sweep Masters INC.

ARTICLE II PRINCIPAL OFFICE

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

7380 Secret Woods Dr.

JAX. FL 32216

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

7380 Secret Woods Dr. Barbara Fuller
JAX. FL 32216

ARTICLE V INCORPORATOR

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

Barbara Fuller / Director & President

7380 Secret Woods Dr.

JAX FL 32216

Barbara Fuller

Signature/Incorporator

5-18-98

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.

Barbara Fuller

Signature/Registered Agent

5-18-98

Date