

TRANSMITTAL LETTER

P98000060200

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

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-07/06/98--01122--021
***131.25 ***131.25

SUBJECT: CONGRUITY CORPORATION
(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: MICHAEL ZACCHEO
Name (Printed or typed)

4480 ROSEA COURT
Address

NAPLES FL 34104
City, State & Zip

941-643-0699
Daytime Telephone number

PRG-1800-410-9537

FILED
98 JUL -6 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DMC
7-8-98

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:

CONGRUITY CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

4480 ROSEA COURT, NAPLES FL 34104

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL J. ZACCHEO

4480 ROSEA COURT, NAPLES FL 34104

ARTICLE V INCORPORATOR

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

MICHAEL J. ZACCHEO

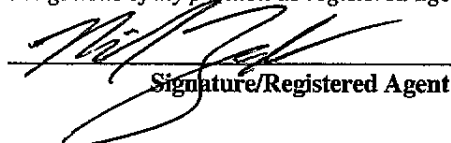
4480 ROSEA COURT, NAPLES FL 34104


Signature/Incorporator

6/16/98
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

6/16/98
Date

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TALLAHASSEE, FLORIDA