

P 98000065087

TRANSMITTAL LETTER

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

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-07/22/98--01079--012  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: THE MICHAEL SHERMAN COMPANY  
(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 A. SHERMAN  
Name (Printed or typed)

6518 APPALOOOSA DRIVE  
Address

TAMPA, FL 33625  
City, State & Zip

(813) 920 - 6483  
Daytime Telephone number

FILED  
98 JUL 22 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

M-24-98

## 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:

The Michael Sherman Company

### ARTICLE II PRINCIPLE OFFICE

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

7225 W. Hillsborough Ave.  
Tampa, Florida 33634

### ARTICLE III SHARES

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

Ten (10) shares of stock

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

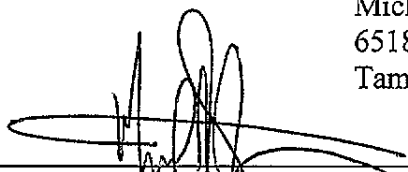
The name and Florida street address of the initial registered agent is:

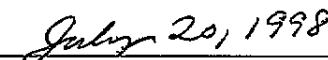
Michael A. Sherman  
6518 Appaloosa Drive  
Tampa, Florida 33625

### ARTICLE V INCORPORATOR

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

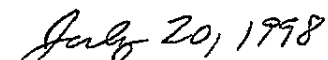
Michael A. Sherman  
6518 Appaloosa Drive  
Tampa, Florida 33625

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
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 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA